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ABSTRACT

This report documents the proceedings of a two-day hearing held in Utah to begin a public dialogue on how professionals can work together to combat the dangers of substance abuse problems among adolescents. The introductory comments by the presiding chairman, Senator Orin Hatch, spell out the present problem in Utah. The senator points out how youth and their families are aware of the dangers of cocaine, LSD, heroin, and marijuana but they may not be aware of a new class of drugs known as "club drugs." These drugs, such as methamphetamine, an addictive stimulant; ecstasy, a synthetic mind-altering drug; GHB and other central nervous system stimulants, are sweeping across the country and leaving youth unprepared for their dangerous side effects. On the first day, panelists shed light on the growing problem of club drug use in Utah. Representatives from drug enforcement administration, the state attorney general's office, and police departments served as witnesses. The second day proceedings focused on ways the community of professionals can work together to combat the dangers of substance abuse. Representatives from the regional PTA, Immigration and Naturalization Service, the District Attorney's office, and private citizens spoke before the committee. (JDM)

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S. HRG. 106–1033

EMERGING DRUG THREATS AND PERILS FACING UTAH'S YOUTH

ED 461 072

HEARING

BEFORE THE

COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

ONE HUNDRED SIXTH CONGRESS

SECOND SESSION

JULY 6 AND 7, 2000

SALT LAKE CITY AND CEDAR CITY, UT

Serial No. J–106–101

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EMERGING DRUG THREATS AND PERILS FACING UTAH'S YOUTH

THURSDAY, JULY 6, 2000

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
Salt Lake City, UT.

The committee met, pursuant to notice, at 1:10 p.m., at Highland High School, 2166 South 1700 East, Salt Lake City, UT, Hon. Orrin G. Hatch (chairman of the committee) presiding.

OPENING STATEMENT OF HON. ORRIN G. HATCH, A U.S. SENATOR FROM THE STATE OF UTAH

Chairman HATCH. Let's call this committee hearing to order.

Good afternoon, we welcome you all to this hearing of the Senate Judiciary Committee. I'm holding these hearings both here and in Cedar City examining the existing and emerging threats posed by illicit drugs to Utah's young people.

I'm glad to see so many people here who are as committed, as I am, to focussing attention, educational, and law enforcement resources on combating this problem.

Let me just recognize some of the very important people we have in attendance today. Joe Green, if you could stand so everybody knows who you are. Joe is doing a great job, we appreciate having you here.

Steve Branch, officer in charge of the Salt Lake City Education Service, also doing a great job for us.

Greg Deardon, who I have a great deal of admiration for. Greg is over here, the commissioner for the Department of Public Safety for the State of Utah, he's doing a great job.

Camille Anthony. Where's Camille? Back in the back. Camille is the executive commissioner of Criminal Juvenile Justice.

Randal Anderson, U.S. Marshal. Where's Randy? There he is. We're honored to have you here. He's doing a terrific job as U.S. Marshal, one of the best employments we've ever made, I think.

Margaret Nadol. Margaret, you bet. Margaret is the Young Women's General President of the Church of Jesus Christ of Latter Day Saints, and she has a tremendous influence over our youth all over the country, especially here in Utah.

Mayor Janice Auger, the mayor of Taylorsville, doing some very interesting work in this area. And we're grateful to have all of you here today.

Now, the goal of today's hearing is to begin a public dialogue on how we can work together to combat the too-little-known dangers of a growing substance abuse problem in our country, but most of

all in our community. A lot of Utahns don't realize how significant and serious this is.

Most Utahns have never heard of methamphetamine. We know meth is a horrible drug and the labs where it's manufactured are producing tremendously toxic chemicals that pose risks to whole neighborhoods. Meth's association with criminal gangs is also very well known. The cycle of drug abuse and gang violence is readily apparent to our fellow Utahns, and to deal with our gang problem we also have to deal with a drug problem.

Fewer, however, are aware meth is just one of the so-called, "club drugs," that are beginning to attract a whole new group of young people in Utah. The drugs known as "club drugs" include methamphetamine, Ecstasy, GHB and Rohypnol, and are often used at parties or night clubs.

The symptoms of club drug use are showing up everywhere. Utah's emergency rooms, police departments, schools, and rape crisis centers have experienced increases in reported cases, and tragic consequences, of this drug use or should we say abuse.

The Utah Rape Recovery Center, for example, received reports of 40 rapes so far this year that are suspected to have involved the club drug called GHB. That figure represents 35 percent of rapes reported to the center this year. Meanwhile, last year, 7.3 percent of Utah high school students reported having used methamphetamine at least once, and according to the Drug Enforcement Agency (the DEA), law enforcement authorities seized 266 methamphetamine labs in Utah in 1999.

A special danger inherent in these drugs is the fact that many users of club drugs would not consider taking cocaine, LSD, heroin, or marijuana, drugs that are perceived to be more dangerous. But because of misinformation about the risks, these young people knowingly ingest such substances as GHB, so-called "date rape" drug, and are experiencing the problems associated with illicit drug abuse, including overdose, addiction, amnesia, sexual assault, and permanent brain damage. The lack of public awareness about club drugs is luring a whole new population of Utah's young people into the horrible consequences of illicit drug use.

Methamphetamine is a powerfully addictive stimulant that produces increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. It can cause convulsions and can result in death.

Ecstasy is a synthetic, mind-altering drug with amphetamine-like and hallucinogenic properties. Ecstasy has no accepted medical use and it causes health problems similar to those caused by the use of amphetamines and cocaine. Psychological difficulties include confusion, depression, sleep problems, drug craving, severe anxiety, and paranoia, effects which have continued weeks later. Ecstasy users have died from acute dehydration.

GHB and Rohypnol are predominantly central nervous system depressants. Because they are often colorless, tasteless, and odorless, they can be easily added to beverages and ingested unknowingly, causing sedation, often rendering the victim—usually a young woman—helpless. They have become notorious for their use in crimes, particularly rape, because these drugs produce amnesia, making it very difficult to arrest and convict the perpetrator.

The novelty of these drugs is undoubtedly one reason for the recent surge in their use. Because these drugs are relatively new, young people may not perceive that taking them is unsafe; rather, they believe that their reported adverse effects are rare or exaggerated, and that such reactions could never affect them personally.

As is so often the case, when a newer drug arrives on the scene, young people hear much more about its so-called benefits than about its potential harms. Young people are attracted to the seemingly increased stamina and intoxicating highs these drugs purport to offer to them. As Utahns, we all need to understand that using these drugs can have serious, and potentially deadly, consequences, and we need to constantly work on this problem.

Over the last several years we have worked hard to obtain more resources for the local law enforcement. The formation of the Rocky Mountain High Intensity Drug Trafficking Area, for example, has brought additional DEA resources to Utah to stop trafficking and close down labs. Just this week a new DEA office in Utah was opened.

Additionally, Congress enacted the Methamphetamine Control Act, which I sponsored, to toughen meth penalties and place greater restrictions on the chemicals from which meth is made. This important law has allowed the DEA and other law enforcement entities to stop large quantities of precursor chemicals from being purchased in the United States for the use in manufacturing methamphetamine in Utah and elsewhere.

In our further effort to combat meth, we have also passed the Methamphetamine Trafficking Penalty Enhancement Act and my bill, the Methamphetamine Anti-Proliferation Act of 1999. The latter bill, which passed the Senate unanimously last November, in addition to helping local law enforcement, contains several significant prevention and treatment provisions. We cannot simply punish our way out of this problem.

Finally, we've enacted the Hillory J. Fairias and Samantha Reid Date-Rate Drug Prohibition Act of 2000. This, of course, names two victims of date rape, officially recognizes the harm caused by GHB and designates it specifically as a controlled substance.

We've also worked to bring more Federal prosecutors and INS officers to Utah to facilitate action against those who are corrupting and endangering our youth.

It is important that we all work together to respond to this new peril confronting our young people. The Federal Government can support State and local efforts. But it cannot be a substitute for those loving and dedicated parents, teachers, coaches, physicians, counselors, religious leaders, and police officers who serve daily on the front lines in the war against the life-threatening and life-ruining dangers facing our children and grandchildren.

We need to educate ourselves about these dangers; gangs, teen pregnancy, teen suicide, drugs, and now, club drugs, so that we can better teach and guide our kids.

I personally appreciate the local newspapers writing about these areas just this week. We love our children, and that's why we should do this. And as your Senator and Chairman of the Senate Judiciary Committee, I want to hear first-hand from Utahns who

have observed the impact of these drugs in our State. That is why I have scheduled these hearings in Utah.

We have two panels of distinguished witnesses to testify about the work they are doing to reduce the threat posed by these drugs to our young people, and I want to welcome our witnesses and extend my appreciation to them for being here with us today, and I look forward to their testimony.

Now, let me just introduce our first panel of witnesses. This panel will discuss what is being done to address the drug problem and possible solutions to combat this problem. We are very pleased to have our first panel of witnesses.

Donnie Marshall, the Administrator of the U.S. Drug Enforcement Administration. Mr. Marshall began his law enforcement career in 1969 as a special agent with the Bureau of Narcotics and Dangerous Drugs, the predecessor agency of the DEA. After a distinguished career with the agency Mr. Marshall was confirmed as the administrator just this year, making him the first DEA agent to climb through the ranks and become head of the administration. We are very fortunate to have him running the DEA. I appreciate his coming here today, I have great confidence in him and have a great deal of respect for him. Mr. Marshall, we're really happy to have you here in our home State.

We would also like to welcome Paul Warner, the U.S. Attorney for Utah, doing a terrific job. Mr. Warner's aggressive efforts on prosecuting drug cases, gang crime and criminal re-entry cases are a significant cause of the recent decrease in crime rates in our State, and we're glad to have you here, Mr. Warner.

Next we'll hear from Chief Jon Greiner, with the Ogden City Police Department on the Weber/Morgan Task Force. Chief Greiner has been effective in leading Ogden City Police in its fight against drugs, also in facilitating interagency cooperation in Northern Utah. Appreciate you, appreciate having you here, chief.

Also here is Roy Wasden, the Deputy Chief of the Salt Lake City Police Department, Head of Narcotics/Metro Task Force. Happy to have you with us.

Finally we are pleased to have Kent Morgan, who's the Salt Lake County Assistant District Attorney in charge of the narcotics unit. Mr. Morgan has experience with the prosecutor and handled a number of high profile cases in the District Attorney's Office.

We have tremendous respect for you three gentleman and the work that you're doing. So we want to welcome you here, good afternoon to each of you, welcome to the hearing on Emerging Drug Threats and Perils Facing Utah's Youth.

Mr. Marshall, we'll start with you.

PANEL CONSISTING OF DONNIE MARSHALL, ADMINISTRATOR, U.S. DRUG ENFORCEMENT ADMINISTRATION; PAUL WARNER, U.S. ATTORNEY FOR UTAH; CHIEF JON GREINER, OGDEN CITY POLICE DEPARTMENT, WEBER/MORGAN TASK FORCE; ROY WASDEN, DEPUTY CHIEF, SALT LAKE CITY POLICE DEPARTMENT, HEAD OF NARCOTICS/METRO TASK FORCE; AND KENT MORGAN, SALT LAKE COUNTY ASSISTANT DISTRICT ATTORNEY, NARCOTICS UNIT

STATEMENT OF DONNIE MARSHALL

Mr. MARSHALL. Thank you, Senator Hatch, and I appreciate the opportunity to be here today. It really is a privilege to be here to discuss what I think is the most serious social threat we've had in our country, now the drug threat in the Nation, particularly the drug threat in Utah.

Before I start I want to thank you, Senator Hatch, for your support to drug law enforcement and to DEA. I want to thank you for your leadership on the methamphetamine issues and now on the club drugs and MDMA and Ecstasy issues. These are really troublesome issues, I think for the country and for Utah, and I'm going to discuss each of these as we go.

The methamphetamine problem, first of all, is not a new problem in this country. The methamphetamine problem was a problem when I began the job about 30 years ago, and back then, however, it was a little bit different.

Back during even the height of the drug culture in the late 1960s and early 1970s, your drug culture, for the most part, stayed away from methamphetamine because they had a saying back then that speed kills, and that culture stayed more with marijuana, cocaine and even LSD.

It's ironic that even back then the drug culture recognized that methamphetamine was more dangerous than even those drugs. But more recently methamphetamine began expanding again in our country, about 6 to 7 years ago, it caught on in a big way in California in the west and spread rapidly through the Midwest, southwest and on to the southeast.

Now, you in the Judiciary Committee and the Congress of the United States have helped us respond to this growing methamphetamine problem with legislation to combat methamphetamine, to combat the precursor chemicals, and to provide additional training and that sort of stuff.

Now, those efforts, I think, have paid off in some ways. We have a long, long way to go and the use of and trafficking of methamphetamine are still expanding in this country, but there are a few isolated signs of progress, particularly against the super labs, the large labs that are operated by the Mexican based drug traffickers.

What you see on this chart here is that we are experiencing, particularly coming out of those Mexican super labs, lower methamphetamine purities in this country. For instance, in 1994 we saw purities of about 71.9 percent, and in 1999 we're seeing purities down in the 31.1 percent range.

Another encouraging sign, we've seen a shift by the Mexican laboratory in particular from methamphetamine to amphetamine, and

we've also seen the decline in the hospital emergency room statistics in 1998 and we hope that that will hold.

Now, I believe that these positive signs are a result of a number of things. A result of the legislation that we've gotten in the last few years, they're a result of aggressive law enforcement, including law enforcement cooperation both here in Utah and nationwide, and particularly I think that they're the result of our ability to have impact on the availability of chemicals that are available to these labs.

Chairman HATCH. Tell the folks what "purity" means.

Mr. MARSHALL. Purity means simply the strength of the powder. If you have a gram of powder, for instance, if it's 71 percent pure, that means that 31 or 29 percent of it is some other product, such as sugar or starch or that sort of stuff. Generally the less pure a drug is—the less pure a drug of any kind is—the less dangerous it is, and that holds true for cocaine, heroin and certainly methamphetamine.

Chairman HATCH. What else does it mean, the lower the purity that means we're——

Mr. MARSHALL. The lower the purity, that basically means that the traffickers have difficulty in producing a high purity drug, and I think that's what we're seeing here.

Chairman HATCH. So purity means we're really in the—the low purity means we're making head way?

Mr. MARSHALL. Exactly.

Chairman HATCH. That's what I wanted to focus on.

Mr. MARSHALL. Now, I talked about the progress in the Mexican area, and that's good news. But unfortunately, I think the progress in that area has lead to more laboratories that are operated by what we call the "mom and pop operations," and these are less sophisticated laboratories, they're smaller laboratories, and they're generally laboratories that are operated by methamphetamine users. And they will typically produce 1 or 2 ounces of methamphetamine, enough to satisfy their own habit, and sell enough to get money to then do their next batch of methamphetamine.

Now, the decline in the Mexican laboratories has resulted in an increase in the mom and pop laboratories, and unfortunately what that means is that there are more laboratories out there, and that means also that there's a greater risk to the public safety and there's a greater risk to officer safety as a result of the greater number of laboratories.

What it also means is that the operators of these laboratories are harder to attack because, unlike the Mexican organization, there's really not a large criminal organization associated with these labs. They're usually independent operators, which makes it harder for law enforcement to find them and attack them.

So the bottom line is that we have a lot more work to do in the area of methamphetamine. I'm hopeful that the Methamphetamine Anti-Proliferation Act of 1999 will be passed very soon and that will give us additional funding for law enforcement investigation; it will help lab clean up, help the law enforcement training prevention program, and perhaps most importantly it would ban the exchange of methamphetamine recipes on the internet.

Now, turning to the other problem that we're looking at this afternoon; Ecstasy and the "club drugs," and there are many of them. GHB, Ketamine, MDMA. To me these drugs are more frightening even than methamphetamine because they are literally a wolf in sheep's clothing.

What we see in the world today, in the U.S. today, is that there is a perception, a decreased perception of the risk of using these drugs on the part of our young people in this country. There's a portrayal of these drugs, particularly Ecstasy, as a "feel good drug," as a "hug drug," a portrayal as really a harmless drug.

I recently, for instance, saw an article in Time Magazine, it was actually a cover story on the drug Ecstasy, and in some places it was a reasonably balanced portrayal of Ecstasy. But there was one quote in a Time Magazine article, this is the mainstream press of the country, there was one quote that just jumped off the page at me. The quote was as follows, that Ecstasy, "Appears to have few negative consequences."

Nothing could be further from the truth. There's a movie out—actually a number of movies—but there's a particular movie by the name of Groove that has not yet been released but has been received for reviews of this movie, and generally the reviews say that the movie is not really about drugs, it's not really about Ecstasy, it's about the culture of music and the culture of clubs and the culture of raves. But in these reviews, when you look down at the very end kind of in the fine print, the one that I have here with me today says that the Groove movie is rated R because, "It includes party language and many, many drug references." And yet the movie is being reviewed and sold as a kind of a harmless fun-type of movie.

Now, I'd also like, if I could, to show you a short video clip. It's about 3 or 4 minutes long and it shows the nature of the recent news coverage that we've had in this country over the last several months, and in this clip—do we have time do that, sir?

Chairman HATCH. Yes.

Mr. MARSHALL. In this clip you will see how the rave club scene and the party scene, and even the Ecstasy scene, you'll see how they can be perceived by young people as harmless or even luring. But you're also going to see in this clip some very alarming scenes about the dangers and the dark side of Ecstasy.

If we could run that video, please.

[Videotape shown.]

Mr. MARSHALL. That, to me, is a very sobering clip about the realities of Ecstasy. I want to point out that the heart of the marketing strategies of these Ecstasy traffickers is in fact the portrayal of this drug as a harmless drug.

I have with me some samples of Ecstasy, and you can see here—I'll pass them up to you in a moment—but these pills are packaged in a way that they will be attractive to young people. They have logos such as Warner Brothers, Calvin Klein, Tweety Bird, Tony the Tiger, and ironically, they even have one with the DEA logo on them. They are clearly designed to attract young people.

Now, as a part of the marketing of Ecstasy, the organizers of these rave parties and that sort of stuff, they package it in such a way that it might be attractive, not only to the young people but

to parents as well. And the reason it might be attractive to parents is because there is open advertising of these raves as a music event, and anything that is openly advertised and not clandestine would give the appearance of something not too risky. They advertise no alcohol at these events, which there is not.

They all too frequently hold these events in a respectable venue. I've seen one case where a rave was held at a city convention center. They often advertise that there's security at these events, which there often is, in the form of off-duty police officers who themselves are ill informed about what's really going on there.

So parents might think that these things are a safe place to send even their younger kids, but I'm telling you nothing could be further from the truth, because Ecstasy itself, as we've seen in these clips, is a frighteningly dangerous drug, when you combine it with other of the date-rape drugs that you referred to, Senator, and when you combine it with the sexual predators that hang out around these rave clubs, it is an absolutely horrifying drug.

In fact, I just saw a story right here in Salt Lake from Friday, June 30, about a young lady who almost died after she was unknowingly drugged with GHB at a club here in Salt Lake City, and that's an example—one more example of the frightening nature of this drug.

Now, I want to close out—I'm almost done with my time—DEA is taking a leadership role in trying to combat Ecstasy. We recently concluded a nationwide investigation called "Operation Rave," and you can see here what we learned, a little bit about the Ecstasy traffic from "Operation Rave."

We learned that it is produced primarily in Europe and Belgium and the Netherlands; that it is brought into the country primarily by European, Israeli and Russian organized crime. We have learned that it costs about 50 cents to a dollar, some cases $2 to produce a tablet. And then it sells retail in this country for $25 to $40 per tablet. So you can see the profits would be enormous.

Now, in this particular investigation, which was nationwide, we seized about 620,000 tablets of Ecstasy and about $1 million in illegal proceeds from the Ecstasy trafficking organization. We're also, in July, planning to hold a national conference on the subject of club drugs, and we're going to invite a number of law enforcement people from around the country to this conference.

Our purpose is to raise law enforcement awareness of club drugs and to devise, I think, more effective and more cohesive national strategies to combat these club drugs. So we are beginning to take action on this, and I feel like with the help of the Judiciary and you, Senator Hatch, and others, that hopefully we will be able to make some progress on the club drugs as we have hopefully done with methamphetamine.

Again, I want to thank you for your support and I'd be happy to answer any questions at the appropriate time.

[The prepared statement of Mr. Marshall follows:]

PREPARED STATEMENT OF DONNIE R. MARSHALL

Senator Hatch, distinguished members of the Committee: I am pleased to have the opportunity to appear before you today to discuss the emerging drug threats facing the youth of America today. I would first like to thank you personally and the

Committee for it's continued support of the Drug Enforcement Administration (DEA) and overall support of drug law enforcement.

As you are well aware, the alarming spread of illegal drug abuse by our youth is having a profound effect in communities throughout the United States. It is fair to say that the increasing use of synthetic or club drugs such as 3,4 Methylenedioxymethamphetamine (MDMA aka Ecstasy). GHB, Ketamine, LSD and methamphetamine by young adults is quickly becoming one of the most significant law enforcement and social issues facing our nation today. DEA reporting indicates widespread abuse within virtually every major city throughout the United States with indications of trafficking and abuse expanding to smaller cities across the nation. Perhaps most frightening is the decreased perception of risk that young teens have regarding the use of these drugs. Many mistakenly believe they are not as harmful or addictive as mainstream drugs.

Of particular concern is the recent explosion of Ecstasy seizures and nationwide hospital emergency room mentions related to Ecstasy. Although available since the 1980's, its use has escalated in the 1990's among college students and young adults, particularly those who participate in all-night dance parties called "raves." Recent statistics indicate that between 1998 and 1999, past year use of ecstasy rose by a third among 10th graders, and by 56 percent among 12th graders. The greatest number of MDMA users fell into the 18–25 year old category with slightly greater than 1.4 million people reporting its use.

While methamphetamine is not an entirely new problem in the United States, about six years ago an upsurge in methamphetamine trafficking and abuse began taking hold in many regions of the nation, starting on the West Coast, and rapidly expanding into the Midwest and Southwestern United States. DEA statistics indicate that in 1993, DEA seized a total of 218 methamphetamine labs nationwide. Current DEA statistics indicate that in 1999, DEA alone seized 2,021 clandestine laboratories and that the total number of laboratories seized by Federal, state and local law enforcement officers nationwide was 7,060 (note: 97% of all reported lab seizures were either methamphetamine or amphetamine labs). In Utah alone, DEA participated in the seizure of 208 clandestine laboratories in CY–1999. As such, due to the potential health and safety threat each pose to the general public, and in particular, America's youth population, I will focus my testimony today on methamphetamine and MDMA trafficking.

PART I

Methamphetamine nationwide

Traditionally considered the "poor-man's" cocaine, methamphetamine is a central nervous system stimulant. Police reporting clearly indicates that methamphetamine addiction and trafficking has resulted in increased violence and severely impacted the quality of life in many American communities. Increasing methamphetamine production and abuse poses a unique challenge for drug enforcement in the United States. Law enforcement agencies must now face the burdens of additional specialized training for officers, hazardous waste disposal, environmental contamination, and additional public safety issues of fires, explosions, and poison gas, in addition to the crime, violence, and abuse problems typically associated with controlled substances.

Until 1998, methamphetamine abuse in the United States was growing at a faster rate than any other illegal drug. Drug Abuse Warning Network (DAWN) statistics show more than a three fold increase in nationwide estimated emergency room admissions for methamphetamine from 1991 to 1997. We are cautiously optimistic that precursor chemical controls and aggressive local law enforcement measures were the primary factors in reversing this trend and were the impetus for the dramatic drops in emergency room admissions which were noted in both 1996 and 1998.

There are at least three distinct components to combating the overall methamphetamine problem: comprehensive domestic and international precursor chemical control and enforcement, fighting organized, high volume drug traffickers and the identification and clean up of the growing number of smaller producing, "mom and pop" laboratories. Over the past several years, established Mexican drug trafficking organizations operating in Mexico and Southern and Central California have seized control of the illicit methamphetamine trade. Mexican drug trafficking organizations have the ability to exploit an existing, well established transportation and distribution network, on both sides of the border, and to illegally secure large amounts of precursor chemicals. Mexico based, poly-drug trafficking organizations have revolutionized the production of methamphetamine by operating large-scale laboratories in Mexico and California that are capable of producing unprecedented quantities of methamphetamine.

Almost all of the "super labs" operating in the United States are located in California. Although Mexican organizations operate only a small percentage of the total methamphetamine laboratories seized nationally, these super labs produce an estimated 85% of the methamphetamine distributed in the United States. These criminal organizations have saturated the western United States market with methamphetamine, established their distribution cells in other regions of the United States, and are increasingly moving their methamphetamine to markets in the Midwestern and eastern United States.

Another reason for the methamphetamine lab epidemic is the evolution of technology and the increased use of the Internet. With modern computer technology, and chemists willing to share their recipes, production information is now available to anyone with computer access. Aside from marijuana, methamphetamine is the only illegal drug abused by a noteworthy percentage of the population that an addict can produce themselves. A cocaine or heroin addict cannot make his own cocaine or heroin, but a methamphetamine addict only has to turn on their computer to find a recipe that details the chemicals and process needed. Many addicts have elected to produce the stimulant themselves.

The growing popularity of methamphetamine has led to an alarmingly high number of clandestine laboratory seizures across the country. The number of clandestine labs (all types of illegal drugs) seized nationwide by DEA has increased from 306 lab seizures in Calendar Year 1994 to 2,047 in 1999, a 569% increase. The statistics for 1999 also indicate that 97% of the clandestine laboratory seizures reported to the El Paso Intelligence Center in 1999 were methamphetamine and/or amphetamine labs. These labs are usually far smaller than the larger laboratories operated by the major methamphetamine trafficking organizations, but are equally as dangerous to law enforcement officers who encounter them.

In 1997, DEA reported 31 fires and 11 explosions associated with the 1,451 clandestine drug lab seizures in which DEA participated. In 1999, the National Clandestine Laboratory Database indicated that the number of reported incidents of fires increased to 64, explosions 101, and labs which had explosives and/or booby traps, 80. The National Database also revealed 877 incidents in which children were present during the seizure of a lab in 1999. The Drug Enforcement Administration and state and local police organizations also must deal with the dangerous and expensive hazardous waste cleanup problems created by clandestine labs.

During the last two years, the national methamphetamine situation has changed significantly. Until 1999, the methamphetamine problem was increasing at a dramatic rate. The national purity level for methamphetamine, as well as amphetamine, has gone down dramatically in 1999–2000. As previously stated, precursor chemical controls, the international "letter of non-objection" program, and chemical interdiction, combined with aggressive national and local law enforcement efforts, have produced positive results. The average purity of methamphetamine exhibits seized by DEA dropped from 71.9 percent in 1994 to 31.1 percent in 1999. The average purity of amphetamine exhibits seized by DEA dropped from 40.5 percent in 1994 to only 20.8 percent in 1999. Decreasing purity levels for methamphetamine and amphetamine should have some effect on the number of emergency room admissions and overdose deaths related to methamphetamine.

Methamphetamine prices vary considerably by region. Nationwide, prices range from $3,500 to $30,000 per pound at the distribution level. Retail prices range from $500 to $2,500 per ounce and $25 to $150 per gram. Arrests in DEA methamphetamine investigations increased in Fiscal Year (FY) 1999, to 8,680, a 10% percent increase from the 7,888 arrests in FY 1998, but a 41% increase over the 6,145 arrests in FY 1997, and a significant 113% increase over the 4,069 arrests in FY 1996.

The methamphetamine situation in Utah

Methamphetamine remains the most threatening drug in Utah. Mexican polydrug trafficking organizations continue to dominate methamphetamine distribution. Methamphetamine produced in Mexico and southern California by Mexican nationals is readily available in ounce and multi-pound quantities. Utah also is a source state for precursor chemicals.

Geographical remoteness in Utah creates an ideal environment for clandestine laboratory operations, and an increase in laboratories has occurred during the past few years. With this increase in methamphetamine laboratories, an increase in the availability and use of methamphetamine in Utah has occurred. Methamphetamine is now one of the top four drugs abused in Utah high schools.

In 1989, the Utah legislature implemented a precursor chemical control bill regulating ephedrine, pseudoephedrine and iodine. These laws placed restrictions on the sale of various precursor chemicals. Over the last decade, this bill has had a positive impact on reducing the availability of chemicals necessary for the manufacture of

methamphetamine. It now appears that the increased difficulty in obtaining precursors has caused prices of methamphetamine to rise. Additionally, the difficulty in obtaining precursors has caused the average purity of methamphetamine to drastically decrease. In FY 1997, average purity was 43 percent. Average purity dropped to less than 27 percent in FY 1999 in Utah.

Since the DEA-Metropolitan Narcotics Task Force was created in July 1993, the number of clandestine drug laboratory investigations has continued to increase, making Utah the number one state for per capita methamphetamine laboratories. It should be noted that, in 1997, Gen Barry McCaffrey, Director of the Office of National Drug Control Policy, recognized the DEA Metro Narcotic Task Force as one of the finest multi-jurisdictional task forces in the country.

The Salt Lake office was upgraded to District Office status in May 2000. Currently, 19 Special Agents, as well as other personnel, are assigned to this office, with 2 of the Agents posted to duty at St. George, Utah. Drug Enforcement Administration personnel participated in the seizure of over 100 clandestine laboratories in the state of Utah in both 1997 and 1998, and Utah reported 208 clandestine lab seizures to DEA in 1999.

Congressional action

In the last several years, Congress enacted important legislation to help prevent methamphetamine manufacture, to deter trafficking in methamphetamine and its precursor chemicals, and to encourage effective prevention, education, and treatment of methamphetamine abuse. The regulatory and enforcement framework for precursor control was established with the "Chemical Diversion and Trafficking Act of 1988" (Pub.L. 100–690). Twelve more chemicals were added to the regulatory scheme by amendments in the "Crime Control Act of 1990" (Pub.L. 101–647). The first bill specifically targeting the illicit production of methamphetamine (and the related drug methcathinone, which has virtually disappeared as a clandestine product) was the "Domestic Chemical Diversion Control Act of 1993" (Pub.L. 103–200). The 1993 amendment began to close the "legal drug exemption" that had allowed traffickers to avoid regulatory requirements by buying their chemicals through thousands of "legal" FDA-approved tablets. The bill brought over-the-counter, single-entity ephedrine products under DEA regulatory control, and permitted DEA to add other products by regulation. It also required registration of handlers of "list I" (formerly precursor) chemicals similar to those for controlled substances. In 1996, Congress enacted a major piece of methamphetamine-related legislation, the "Comprehensive Methamphetamine Control Act of 1996" (Pub.L. 104–237), most of which became effective on October 3, 1996. The most recent enactment, the "Methamphetamine Penalty Enhancement Act of 1998" (Pub.L. 105–277, Div.E), lowered certain quantity thresholds for mandatory minimum trafficking penalties.

The Senate Judiciary Committee, under Chairman Hatch, has developed landmark methamphetamine legislation, The Methamphetamine Anti-Proliferation Act of 1999 [S.486]. This bill substantially contributes to national methamphetamine enforcement efforts by directing the Sentencing Commission to increase base level penalties for amphetamine so they are commensurate with those for methamphetamine, and setting higher sentencing thresholds for the manufacture of methamphetamine or amphetamine if it is determined that the criminal offense creates a substantial risk to human life or the environment, or if this risk is to a minor or incompetent person. It also prohibits the teaching, demonstrating, or disseminating of information on the manufacture or use of controlled substances to a person, knowing that the person intends to use this information to commit a federal crime. Furthermore, the bill provides for increased drug prevention, treatment, including medications development, and research.

PART II

MDMA: The drug

Primarily illicitly manufactured in and trafficked from Europe, 3,4-Methylenedioxymethamphetamine (MDMA), a Schedule I drug under the Controlled Substance Act (CSA), is the most popular of the club drugs. Its origins can be traced to Germany in 1912 where it was patented but never studied or marketed for human consumption. In the 1970's and early 1980's some health care professionals experimented with the drug in "introspective therapy" sessions, outside of FDA-approved research. DEA reporting indicates widespread abuse of this drug within virtually every city in the United States. Although it is primarily abused in urban settings, abuse of this substance also has been reported in rural communities. Although prices in the United States generally range from $25 to $40 per dosage unit, prices as high as $50 per dosage unit have been reported in Miami.

The drug is a synthetic, psychoactive substance possessing stimulant and mild hallucinogenic properties. Known as the "hug drug" or "feel good" drug, it reduces inhibitions and produces feelings of empathy for others, the elimination of anxiety, and extreme relaxation. In addition to chemical stimulation, the drug reportedly suppresses the need to eat, drink or sleep. This enables club scene users to endure all-night and sometimes 2–3 day parties. MDMA is taken orally, usually in tablet form, and its effects last approximately 4–6 hours. Taken at raves, the drug may lead to severe dehydration and heat stroke, since it has the effect of "short-circuiting" the body's temperature signals to the brain. An MDMA overdose is characterized by rapid heartbeat, high blood pressure, faintness, muscle cramping, panic attacks, and in more severe cases, loss of consciousness or seizures. One of the side effects of the drug is jaw muscle tension and teeth grinding. As a consequence, MDMA users will often use pacifiers to help relieve the tension. The most critical, life-threatening response to MDMA is hyperthermia or excessive body heat. Recent reports of MDMA-related deaths were associated with core body temperatures ranging from 107 to 109 degrees Fahrenheit. Many rave clubs now have cooling centers or cold showers designed to allow participants to lower their body temperatures.

The long-term effects of MDMA are still under evaluation; however, research by the National Institute of Mental Health in Bethesda, Maryland, in 1998 directly measured the effects of the drug on the human brain. The study revealed that the drug causes damage to the neurons (nerve cells) that utilize serotonin to communicate with other neurons in the brain, and that recreational MDMA users risk permanent brain damage that may manifest itself in depression, anxiety, memory loss, learning difficulties, and other neuropsychiatric disorders.

MDMA can produce stimulant effects such as an enhanced sense of pleasure, self-confidence and increased energy. Its hallucinogenic effects include feelings of peacefulness, acceptance, and empathy. Users claim they experience feelings of closeness with others and a desire to touch them. As such, because of the feelings attained by the MDMA user, there exists a misconception that these drugs are relatively safe. However, various researchers have shown that use of club drugs can cause serious health problems and, in some cases, even death. Used in combination with alcohol, some of these club drugs can be even more dangerous. Furthermore, MDMA's long-term psychological effects can include confusion, depression, sleep problems, anxiety and paranoia.

The ecstasy drug market in the United States is supplied and controlled by Western European-based drug traffickers. In recent years, Israeli Organized Crime syndicates, some composed of Russian émigrés associated with Russian Organized Crime syndicates, have forged relationships with the Western European traffickers and gained control over a significant share of the European market. Moreover, the Israeli syndicates remain the primary source to the U.S. distribution groups. The increasing involvement of organized crime syndicates signifies the "professionalization" of the MDMA market. These organizations have proven to be capable of producing and smuggling significant quantities of MDMA from source countries in Europe to the United States. DEA reporting indicates their distribution networks are expanding from coast to coast, enabling a relatively few organizations to dominate MDMA markets nationwide.

MDMA is clandestinely manufactured in Western Europe, primarily in the Netherlands and Belgium. It is estimated that 90% of MDMA distributed worldwide is produced in these countries. MDMA production is a relatively sophisticated chemical process making it difficult for inexperienced individuals to produce MDMA successfully. However, there are several manufacturing processes for MDMA and a multitude of "recipes" that are posted on the Internet. Most of the MDMA laboratories are capable of producing 20–30 kilograms on a daily basis, although law enforcement authorities have seized some labs with the capability of producing 100 kilograms per day.

Normally, the MDMA is manufactured by Dutch chemists and transported and distributed by various factions of Israeli Organized Crime groups. These groups recruit and utilize Americans, Israeli and western European nationals as couriers. These couriers can smuggle anywhere from 10,000 to 20,000 tablets (2.5–5 kilograms) on their person and up to 50.000 tablets (10 kilograms) in specially designed luggage. In addition to the use of couriers, these organizations use the parcel mail. DHL, UPS. and U.S. Postal Service, Due to the size of the MDMA tablet, concealment is much easier than other traditional drugs smuggled in kilogram-size packages (cocaine, heroin and marijuana).

What brings these Drug Trafficking Organizations together is the enormous profit realized in these ventures along with the fact the MDMA is not produced in the United States. Although estimates vary, the cost of producing an MDMA tablet run between $.50–$1.00. The wholesale, or first level price for MDMA tablets have

ranged from $1.00–$2.00 per tablet, contingent on the volume purchased. This potential four-fold profit provides huge incentives for the laboratory owner or chemist. Furthermore, manufacturing laboratories can realize these profits without coming into contact with anyone except the first level transportation or distribution representatives. Once the MDMA reaches the United States, a domestic cell distributor will charge $6–$8 per tablet. The retailer then turns around and distributes it for $25–$40 per pill. Clearly, there is a tremendous profit realized in each function in MDMA trafficking from the producer or clandestine laboratory operator to the transporter to the wholesaler to the retailer, then on to the consumer.

Overview of other "Club" drugs: An emerging epidemic

The use of synthetic drugs has become a popular method of enhancing the club and rave experience. These rave functions, which are parties known for loud techno-music and dancing at underground locations, regularly host several thousand teenagers and young adults who use MDMA, LSD, GHB, alone or in various combinations. Users of drugs such as MDMA report that the effects of the drug heighten the user's perceptions, especially the visual stimulation. Quite often, users of MDMA at clubs will dance with light sticks to increase their visual stimulation. Legal substances such as Vicks's VapoRub are often used to enhance the effects of the drug.

"Club" drugs have become such an integral part of the rave circuit that there no loner appears to be an attempt to conceal their use. Rather, drugs are sold and used openly at these parties. Traditional and non-traditional sources continue to report the flagrant and open drug use at "raves." Intelligence indicates that it has also become commonplace for security at these parties to ignore drug use and sales on the premises. Tragically, many teens do not perceive these drugs as harmful or dangerous. These drugs are marketed to teens as "feel good" drugs. The following is a brief summary of other selected club drugs.

Gamma HydroxyButyrate (GHB) is easily accessible at rave parties and is currently popular among teenagers and young adults alike. Commonly referred to as a date rape-drug, GHB was originally used as a substitute anabolic steroid for strength training. GHB has been used in the commission of sexual assaults because it renders the victim incapable of resisting, and may cause memory problems. GHB costs approximately $10–$20 per dose and is frequently mixed with alcohol. As of January 2000. DEA documented 60 GHB-related deaths nationwide. Additionally, the Utah State Medical Examiner's Office reported two GHB-related deaths in the last twelve months. The drug is used predominantly by adolescents and young adults, often when they attend nightclubs and raves. GHB is often manufactured in homes with recipes and ingredients found and purchased on the Internet. As a result of the Hillory J. Farias and Samantha Reid Date-Rape Prohibition Act of 2000, GHB was designate a Schedule I drug under the CSA.

Gamma Butyrolactone (GBL), a List I chemical, is a precursor chemical for the manufacturer of GHB. Several Internet sites offer kits that contain GBL, sodium hydroxide or potassium hydroxide and directions for the manufacture of GHB. This process is relatively simple and does not require complex laboratory equipment. Upon ingestion, GBL is synthesized by he body to produce GHB. As a consequence, some party goers drink small quantities of GBL straight. GBL increases the effects of alcohol, and can cause respiratory distress, seizures, coma and death. The Salt Lake City Police Department Sex Crimes Unit reported twelve known date rape cases statewide involving GBL and GHB in the last year.

d-lysergic acid diethylamide (LSD), listed as a Schedule I drug under the CSA, first emerged as a popular drug of the psychedelic generation in the 1960's. Its popularity appeared to decline in the late 1970's, an effect attributed to a broader awareness of its hazardous effects. Over the past decade, there has been a resurgence of LSD abuse, especially among young adults. Adverse effects of LSD include panic, confusion, suspicion and anxiety. Liquid LSD has been seized in Visine bottles at rave functions. LSD is also sold at raves on very small perforated paper squares that are either blank or have a cartoon-figure design. Most users of LSD voluntarily decrease or stop using it over time, since it does not produce the same compulsive, drug-induced behavior of cocaine and heroin.

As of August 1999, Ketamine, also known as "Special K." was placed in Schedule III of the Controlled Substance Act. Used primarily by veterinarians as an anesthetic, Ketamine produces hallucinogenic effects similar to PCP with the visual effects of LSD. Ketamine is diverted in liquid form, dried and distributed as a powder. Price average $20 per dosage unit. Ketamine is snorted in the same manner as cocaine at 5–10 minute intervals until the desired effect is obtained.

Legislative efforts

Ecstasy, as well as all other club drugs, have been scheduled under the Controlled Substances Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970. Recently, due to the exponential growth and abuse of Ecstasy and its devastating and potentially lethal effects. Senate bill S. 2612, was introduced by Senator Bob Graham and co-sponsored by Senator Charles Grasley. This bill calls for the United States Sentencing Commission to amend the federal sentencing guidelines to provide for increased penalties associated with the manufacture, distribution and use of Ecstasy. Those penalties would be comparable to the base offense levels for offenses involving any methamphetamine mixture. The bill would also assure that the guidelines provide that offenses involving a significant quantity of Schedule I and II depressants, including GHB and its analogues, are subject to greater terms of imprisonment than currently in place. Furthermore, the bill calls for greater emphasis to be placed on the education of young adults, the education and training of state and local law enforcement officials and adequate funding for search by the National Institute on Drug Abuse (NIDA).

In addition to S. 2612, a companion bill has been introduced in the House by Congresswoman Judy Biggert. H.R. 4553 is almost identical to S. 2612, except it encompasses all "club drugs", to include paramethoxyamphetamine, commonly refereed to as "PMA". In recent weeks, it is believed that "PMA," an Ecstasy analogue controlled by DEA since 1973, may be responsible for the death of three young people in suburban Chicago. The three victims, an 18-year old female and two males, 17 and 20 years of age, are said to have frequented the same nightclub. These deaths are being investigated by local authorities. At this time it appears that the drug users thought they were taking MDMA, but ingested PMA instead.

Another bill relating to club drug abuse, the Hillory J. Farias and Samantha Reid Date-Rape Prevention Drug Act of 1999, (Public Law 106–172), was signed by the President on February 19, 2000. This legislation directed DEA to place GHB (Gamma hydroxybutyric acid) in Schedule I (the DEA has since done so) and placed the precursor chemical GBL on chemical List I.

Furthermore, Public Law 106–172 contains a statutory obligation that requires DEA to establish a special unit to asses the abuse of and trafficking in GHB, flunitrazepem, ketamine and other controlled substances (club or designer drugs) whose use has been associated with sexual assaults. In addition, the Attorney General was directed to develop a protocol for the collection of evidence and the taking of victim statements in connection with violation of the CSA—which results or contributes to sexual assault, crimes of violence or other crimes involving the abuse of GHB and the other designer drugs. In addition, DEA and the FBI are obligated to develop model training materials for law enforcement personnel involved in such investigations, and make such protocols and training materials available to Federal, state, and local personnel responsible for such investigations.

Enforcement initiatives

Operation "Flashback"

In an effort to target organizations and individuals that distribute and manufacture "club drugs," DEA established Operation "Flashback" in July 1997. On July 2, 1998, MDMA was approved for inclusion under this Special Enforcement Program. Since February 1998, active investigations have increased from 6 to 140, indicative of the increased availability, and demand for, and law enforcement emphasis on, club drugs. Operation "Flashback" seeks to achieve the following five primary objectives:

- Develop prosecutable cases against individuals and organizations that manufacture and distribute so-called club drugs.
- Develop intelligence links between domestic wholesale distributors and the foreign source of supply.
- Identify, arrest, and prosecute violators at a high level of distribution, including the clandestine lab operators.
- Establish and coordinate an overall strategy for all domestic and foreign investigative efforts.
- Identify the command and control infrastructures of organizations that are distributing so-called club drugs.

Furthermore, this special Enforcement Program provides a mechanism to enforcement components in the field to fund undercover buys, confidential source payments, installation of pen registers and activation of Title III wiretaps. In addition, it acts as a central depository for any and all information related to club drugs. This database contains information on targets, organizations, arrests, seizures, modes of smuggling, types of drugs and the logos/brand names they bear.

Presently, DEA has several ongoing investigations into these trafficking organizations. One particular investigation of note was conducted by DEA's Special Operations Division. The Special Operations Division is a joint national coordinating and support entity comprised of agents, analysts and prosecutors from DOJ, the USCS, the FBI and DEA. This investigation, entitled Operation Rave, focused on an MDMA distribution cell that operated throughout the northeast and Florida. The leader of this organization, an Israeli national, was responsible for the distribution of approximately 150,000 tablets of MDMA per week. This and related spin-off investigations resulted in the arrest of 105 defendants, the seizure of 620,000 tablets of MDMA and approximately $935,000 in U.S. currency. The significance of this investigation was the fact that it identified, for the first time, the involvement of Israeli and Russian crime groups in MDMA trafficking.

In addition, DEA, in conjunction with the United States Customs Service (USCS) recently seized two packages containing a total of 110,000 MDMA tablets which originated in Madrid, Spain and were destined for Provo, Utah. Following a controlled delivery, two arrest were made leading to the identification of multiple individuals in Utah and Spain. To date, this investigation has revealed an organization financed by Israeli nationals who directed the manufacture of MDMA in Amsterdam and its transshipment throughout Europe. During the course of this investigation and based upon information furnished to German authorities, 23,000 additional ecstasy tablets destined for Utah were seized in Germany.

Demand reduction initiatives

The increasing power and diversity of drug trafficking organizations operating throughout the United States and abroad demands an equally authoritative and creative response. These drug trafficking organizations seek to entrench criminal enterprise in modern society; they attempt to lure the youth of this country into the dark world of drug abuse and crime on a daily basis. As such, DEA is committed to developing and employing multi-faceted strategies to combat both drug trafficking and drug abuse. With this in mind, DEA's Demand Reduction program was created in 1986 in response to the widespread belief that both law enforcement and drug prevention were necessary components of a comprehensive attack against the drug problem in the United States. Given the age of the targeted user population of MDMA, DEA has created a very aggressive and comprehensive plan to bring this issue to the attention of the American public. It should be noted that DEA's Operations Division has organized a club drug conference scheduled for the latter part of July 2000 in the Washington, D.C. area. Participants will include law enforcement personnel from around the world, leading researchers, clinicians, prevention specialists, educators, and medical professionals to discuss the alarming resurgence in use of MDMA and other club drugs.

In addition, the Salt Lake City District Office conducts Demand Reduction classes approximately four times per month. These presentations are directed primarily at the clandestine manufacture of methamphetamine and the dangers and methods of detection associated with these laboratories.

Conclusion

Increasing methamphetamine production and abuse poses a unique challenge for drug enforcement, both in Utah and throughout the nation. Clandestine laboratories represent a substantial health and safety threat to communities. The flammable, explosive, toxic, and carcinogenic chemicals used in the manufacturing process pose an immediate and long-term threat to law enforcement, fire department, and emergency services personnel, as well as the general public. Fires and explosions are a constant threat in this type of environment. Moreover, the threat to the environment is substantial, due to the illegal and unsafe disposal methods of clandestine methamphetamine operators.

MDMA abuse, although a relatively new phenomenon, has certainly taken parts of this country by storm. The magnitude of the current MDMA problem cannot be understated. The media coverage alone is indicative of the impact this drug has had on the United States. One only has to review the dramatic increase in seizures over the past twenty-four months to recognize the insidious upsurge of this drug. With the 2002 Winter Olympics quickly approaching, Federal, state and local officials in Utah must prepare for the tremendous influx of people into this area and the potential for drug abuse.

In conclusion, DEA will continue to utilize a multi-faceted approach employing both prevention and enforcement strategies in targeting MDMA and methamphetamine trafficking and abuse. In this regard, DEA is working in conjunction with law enforcement officials throughout Europe and Israel in an effort to identify, target, dismantle and prosecute those organizations responsible for the proliferation of

MDMA throughout the U.S. and Europe. furthermore, DEA endorsed and implemented elements of the national Methamphetamine Strategy that focuses on international drug trafficking groups, independent domestic methamphetamine operations, and rogue chemical companies that are responsible for the smuggling, production, and distribution of methamphetamine in the United States. Providing assistance and training to state and local law enforcement efforts, such as those in Utah, is vital to DEA's methamphetamine strategy.

I thank you for providing me the opportunity address the Committee and I look forward to taking any questions you may have on this important issue.

Chairman HATCH. We'll turn the time to you, Mr. Warner, appreciate having you here.

STATEMENT OF PAUL WARNER

Mr. WARNER. Thank you, Senator.

Good afternoon, Mr. Chairman, and thank you for the opportunity to appear before the Committee. I have the honor of being the U.S. Attorney for the District of Utah, and I greatly appreciate the opportunity to testify before the Committee on the critical problems of drugs and related crime in Utah.

Before I begin my specific remarks on the drug crime problem in Utah, permit me to say, Senator Hatch, that I believe that few people serving in Washington are as well attuned to this issue as you are, and that few have done as much as you have done to address it. That support is needed and appreciated by law enforcement here in Utah, and I believe around the country.

One focus of today's hearing is the explosion of so-called "club drugs," Ecstasy, GHB, and others. About 10 years ago I had the opportunity to prosecute what may have been the first Ecstasy case in Utah. It involved a young man who was manufacturing Ecstasy and selling it to support his cocaine habit. At the time the case was a rarity, and even today, we are fortunate that these club drugs have not yet emerged as strongly as they have in other areas of the country.

Still, the problem is real, and poised to get worse. For instance, my office is prosecuting an Ecstasy importation scheme involving a significant quantity of the drug, which would have supplied thousands of users. These drugs were being imported from Europe into the United States, through Provo, under a complex scheme using private carriers such as Federal Express, DHL, and UPS as apparently unwitting couriers. It appears the drugs were destined for the streets of California.

Even though in the case of Ecstasy apparently was not intended to be distributed here in Utah, in my view, it is only a matter of time before we see increased use of these drugs by Utah's kids. In fact, I understand that the Utah Highway Patrol recently made a significant seizure of Ecstasy intended for distribution in Utah during an automobile stop in Southern Utah. This matter is now being reviewed for federal charges.

The target age group for Ecstasy is young people between the ages of 16 and 25. Our children here face most of the same pressures as youth across the country, so it is no surprise that these drugs would show up here. Indeed, because Utah still retains much of its small-town innocence from an earlier, less troubled era, our youth can be particularly susceptible to threats from invidious "club drugs" that are represented as "safe" or "clean." My office, in

conjunction with our law enforcement partners around the State, will aggressively prosecute cases involving these drugs, in an effort to prevent the threat from taking hold here, as have other drugs such as methamphetamine.

I have been a prosecutor for almost a quarter of a century, and I have been a federal prosecutor for the past 12 years. Before the president nominated me to be the U.S. Attorney here in Utah, I had served in the Utah U.S. Attorney's office as First Assistant, as chief of the Criminal Division, and as Violent Crimes Coordinator for the office. Based on my experience, I can tell you without exaggeration that the meth problem in Utah today is the most serious criminal threat we face in the public safety and the safety of our well-being of our children.

There are two key components to the meth problem in Utah. While I believe that these components certainly exist in other areas of the country that are experiencing a serious meth proliferation problem, they also rest on factors somewhat unique to Utah. The first component is the home grown problem. The proliferation of clandestine meth labs. Indeed, Utah has the dubious distinction of having the highest per capita number of illegal methamphetamine manufacturing operations of any State in the Union, and ranks among the highest in the Nation in the absolute number of labs.

This part of the problem involves U.S. citizens operating small labs and producing comparatively small amounts of very pure meth. Approximately 266 such labs were taken down in Utah in 1999, and approximately 178 have been taken down so far this year. The prevalence of these clandestine labs, sometimes called "tweaker" labs, after the common term for meth addicts, is a function of two facts; the highly addictive nature of methamphetamine, and the ability of addicts to manufacture the drug themselves, a factor not present with respect to drugs such as cocaine and heroin, for example.

As the Committee knows, meth can be made using chemicals, equipment, and over-the-counter drugs, all of which are fairly easy to get. With your leadership, Senator, as well as efforts in the Utah legislature, some key ingredients such as pseudoephedrine are now harder to get in large quantities than they once were. However, determined lab operators are still able to get what they need. For instance, a common method used by tweakers to obtain pseudoephedrine is to go to every store in the neighborhood and buy up to the legal limit, 12 grams under Utah law. The recipe for meth is well-known among users, and I believe that as the purity of imported meth has decreased, the incentive for users to make their own has increased.

The danger these labs pose to the community, and especially to children in the homes where labs are set up, cannot be overstated. First, while manufacturing meth is relatively simple, most of the tweakers operating these labs are not exactly rocket scientists. The process involves combining and heating very volatile chemicals, and produces highly toxic fumes and residues. Second, the very nature of the meth addiction unfortunately ensures that the children in the household will be ignored and abused. Our DEA agents can tell you heart rending stories about addicted children found in appalling conditions in many of the labs they respond to. In fact,

there have even been reports of children in preschool and kindergarten playing make-believe games of cooking meth.

The second competent of the meth problem in Utah is what we call "Mexican meth." It results in part from our geographic location as a convenient transshipment point. The result is a significant number of what we call "pipeline cases." This component of Utah's problem, and our responses to it, bear directly on controlling methamphetamine proliferation in Utah and throughout the United States. Meth is being produced in massive quantities in large labs in Mexico, as well as in Southern California and other western States. Utah's proximity to the national boarder, and the convergence of three primary travel corridors—I–70, I–80, and I–15—within the State combine to make Utah uniquely situated to serve as a major transshipment point for this Mexican meth.

Unfortunately, we are finding that much of the drug is staying in Utah and other intermountain States as well. For example, after an 18-month investigation by the FBI and other law enforcement agencies, just last week we broke up two major and interconnected drug trafficking organizations operating in Salt Lake City and Ogden. The take-down of the Olmedo and Sanchez drug trafficking organization, or DTO's, resulted in the indictment and arrest of over 25 people and the seizure of at least 10 pounds of methamphetamine that had been imported into Utah, as well as other drugs. These drugs were being distributed here in Utah, as well as in Idaho and possibly Wyoming.

It is also an unfortunate fact that much of this particular component of Utah's meth problem is a direct result of illegal entry by criminal aliens into the United States, who then come to Utah. Again, as a case in point, most of the individuals involved in the Olmedo DTO, as well as many of those used by the Sanchez DTO as runners and suppliers, were criminal aliens.

Additionally, let there be no mistake, these DTO's have no effect on children involved, as well. The most pernicious effect is in passing on the culture of drugs and lawlessness to another generation. And again, without wishing to prejudice either the investigation or the prosecution of the recently dismantled DTO's, an example can be found in those cases. Two persons in the Sanchez DTO have been charged under the Federal law that provides additional penalties for anyone who employs or uses a minor in a drug trafficking crime. The children involved in these cases deserve a chance to have a different and better life than that of drug dealers.

Let me take just a moment to describe some of what my office has been doing to address both the meth and the criminal alien problems, which are related. As you know, Senator Hatch, when I took office as U.S. attorney, I established two prosecutive priorities. These priorities are meth and aggravated re-entry immigration cases. With your support and the support of the Main Justice, these initiatives are bearing fruit.

First, I was able to obtain two new drug prosecutors, which allowed me to establish within the office's Criminal Division a new drug section. Utilizing targeted resources provided by Congress and allocated by the Executive Office for U.S. Attorneys, this section is now staffed with four attorneys, including two who are dedicated to OCDETF cases. Even while still staffing up, the results of this

section have been evident. For instance, fiscal year 1999, we indicted approximately 196 defendants in about 105 drug cases. This represents a 65 percent increase in the defendants and 38 percent increase in cases over fiscal year 1998. Yet the numbers alone do not tell the whole story. During the last 12 months we have successfully dismantled three major drug trafficking organizations, including the Sundowners Motorcycle Club drug trafficking organization, and the recent bust of the Olmedo and Sanchez DTO's, which I also stated.

As a reflection of the growing problem with methamphetamine in Utah and the commitment by federal law enforcement to attacking the problem, allow me to provide a comparison of defendants indicted in OCDETF cases within the last 2 years. In fiscal year 1998, a total of 32 defendants were indicted in the District of Utah through OCDETF investigations, many of whom were indicted for methamphetamine offenses. By comparison, fiscal year 1999 OCDETF investigations resulted in the indictment of 91 defendants, and nearly all of those defendants were indicted for a meth offense. So far in the fiscal year 2000, we have obtained indictments against 53 defendants in OCDETF cases, including the 31 defendants indicted as a part of the Olmedo and Sanchez DTO's.

The point of relating these numbers is not only to inform the Committee of what we are doing to tackle the meth problem in Utah, but also emphasize the severity of the problem. Even with the substantial and ever increasing number of defendants and cases we are handling, sometimes it seems we're only scratching the surface of the problem. There seems to be an endless supply of new cases.

The same can be said of the second prong of our initiative, which involves aggressively prosecuting criminal alien cases. I understand that this can be a sensitive subject, and that the link between these cases and the meth problem may not be readily apparent to some. It must be emphasized that the criminal alien initiative is not targeted at our law-abiding Hispanic population. It is that population we in large measure seek to protect. Indeed, the code name for the investigation into the Olmedo and Sanchez DTO's was "Los Chacales," which in Spanish means, "the Jackals," and is a derogatory term within the law-abiding Hispanic community for drug dealers. It is my view that because of the prevalence of Mexican men, and the convenience of Utah as transshipment and distribution point, the criminal alien and drug trafficking cases are intimately intertwined, and that we cannot get a handle on the meth problem without also attacking the criminal alien problem as well.

Thanks to your commitment, Senator Hatch, and the commitment of the Attorney General, we have added personnel resources in the U.S. attorney's office as well as at the INS to aggressively pursue these cases. Again, we're showing results. In calendar year 1996, our office indicted 80 criminal aliens. In 1997 194 such cases. In 1998, 313. In 1999 over 250. So far this calendar year about 120 have been brought so far. The vast majority of the criminal alien cases we are doing involve defendants with drug trafficking convictions, as well as lengthy criminal histories. In addition to the immi-

gration offenses, many of these are methamphetamine related cases. Our program has been successful so far.

Finally, Mr. Chairman, let me briefly note a third aspect of our drug crime initiative, the targeting of the illegal use and possession of firearms by criminals. The link between the illegal use and possession of firearms and drug crime is well known, and here in Utah, we have initiated Project CUFF—Criminal Use of Firearms by Felons—to aggressively prosecute these cases. I am pleased to say that both the name of the initiative and the resources to pursue it are a result of your efforts in the Senate. And let me be clear, we are not prosecuting law-abiding citizens exercising their constitutional right to keep and bear arms. Rather, we are targeting those felons who use guns to commit crimes, thereby endangering whole community and denigrating the rights of everyone else. I have assigned a top AUSA to Project CUFF, and I am adding another one next month. The initiative has resulted in nearly 80 cases accepted for Federal prosecution since January.

In conclusion, Mr. Chairman, our drug problem in Utah is severe, and poses serious threats to our youth. And as some aspects of the problem are unique to our district, the meth problem—and the bigger broader drug problem—certainly is not. Yet, we are taking steps to tackle the problem. It is a problem we are tackling on several fronts, including the home-grown, clandestine lab, the so-called Mexican meth, and staying ahead of the curve on the threat posed by the new generation of club drugs. Your leadership, and the support of the Department of Justice, has given us many tools and resources to do this. I can assure you that whatever new resources you send us, whether in the form of funding or prosecutors and staff, or in the form of improved laws such as your meth bill, Federal law enforcement in partnership with our State and local colleagues will put them to good use to turn the corner of proliferation of methamphetamine and other drugs in our communities.

I thank you, Mr. Chairman, and would be pleased to answer questions at the appropriate time.

Chairman HATCH. Thank you, Mr. Warner.

Turn to Chief Greiner.

STATEMENT OF JON GREINER

Mr. GREINER. Thank you, Senator Hatch. My name is Jon Greiner, Chief of Police of Ogden, UT and——

Chairman HATCH. Pull that mic just a little closer.

Mr. GREINER. I appreciate the opportunity to talk to the committee about the emerging drug threats on Utah's youth. Also appreciate the opportunity to address this meeting today. I offer this introductory statement. The statement given the celebration of this country's 226th birthday, that seems troubling to me as a military veteran and one who has spent the last 27 years in law enforcement.

This is the statement: The single greatest threat to Utah and this country's youth today is the drug problems associated with methamphetamines. The formula to produce that illegal substance is; red, white and blue, one, two, three. That's right; red, white, blue, one, two, three. Sounds more like a football quarterback call, doesn't it?

Doesn't it seem a little bit troubling that the sick demented under culture of society would use this expression to show how easy it is to produce this substance? The issue of attacking our core values.

It surprises me that Utah ranks in the top five per capita for methamphetamine abuse and manufacture, given our culture. However, you only have to meet a meth user to understand how completely addictive this drug—this illegal drug is. During my career I have seen the user, I have been to the labs from houses to storage lockers. They can even put one in the trunk of a car now, as you can see by some of the equipment you have up front. The worst part is the precursors to make the meth which can be acquired at many local grocery, hardware or farm supply stores. The second problem is the clean up necessary after the products are blended or cooked together. The last issue is that most citizens don't relate to this problem, yet, because of the culture in Utah. So things are bound to get worse in terms of labs and addicts before they can get better. Utah citizens have to recognize this villain. These addicts are committing crimes. They also, some of them, are getting into gangs.

In northern Utah we have a strike force of narcotics officers that work with DEA that works with the Attorney General that work with the two Utah counties of Weber and Morgan. In their weekly report to each chief of that local area, more than 30 percent of the cases and arrests involve methamphetamine. The other troubling piece of this report is that a disproportionate number of the people involved in this activity belong to a minority class of people in the State of Utah, and a significant number of that minority class involved with the meth are undocumented citizens who belong or associate with local gang members.

On June 27, 2 weeks ago, the Weber/Morgan Task Force, in conjunction and assistance to the FBI, arrested 16 people in our geographical area and served warrants where meth was recovered, much of which Paul outlined just previously. The suspects were mostly Hispanic descent, many were illegal, and the area of drug dealing covered several western states and had connections into Mexico. The total arrests from the FBI operation will probably approach 40 people.

The other emerging drugs of concern are the GHB and GBL drugs. GHB being Gama-Hydroybutric Acid and GBL being Gamma-Butyrolactome, both of which are drugs of choice for date rapes.

In 1996 the San Francisco Bay area poison control center saw their average of four to six GHB increase to eight to ten. In July of 1996 both Los Angeles and San Francisco had reports of about 30 per month. Northern Utah, as is all of Utah, is starting to see some of these same kinds of things happening. It is not uncommon to hear rape victims report that they had gone to a party and drank something. The next thing they remember is the morning after and they have been sexually assaulted.

We have had the rave party reports and a few reports of the use of the new GHB or GBL drugs, more commonly referred to as liquid Ecstasy. GHB's similarity to Ecstasy is uncanny. Although it affects users like Ecstasy, the chemical composition is not. Ecstasy

is a relative of the amphetamines alluded to earlier. GHB is found naturally in every cell in the human body. It is considered a nutrient that enhances the sense of touch, yet GHB has a sedative effect causing users to go to sleep or fall into a helpless, immobile state.

We need to become better prepared at dealing with these issues as they emerge. On the enforcement side of this same issue, the Weber/Morgan strike force has had some good seizures of the date rape drug called Rohypnol before it got out to the mainstream of user, at least in our area the last 2 years.

Many times you hear from law enforcement our needs and there has been an excellent relationship between our congressional representatives and law enforcement. We talked 5 years ago about problems with undocumented citizens, and you called a special conference in Salt Lake City to help start addressing that. It appears that there will be some immigration and naturalization officers working in Northern Utah sometime this year. The result of this, Northern Utah has been benefited from some meth grant programs that are helping us identify users, labs, and precursor suppliers quicker. We are working on getting information into the hands of parents so that they can see what meth and the new designer drugs are all about. I offer to one of your aides one of the booklets we pass out to our DARE graduates, at every DARE graduation, as an example of that. We are working on ways to make identification of undocumented citizens more available to local law enforcement through fingerprint systems. The help is coming from our federal representatives for which we in law enforcement are very grateful. Please pay attention to the diminishing amounts of these grants. However, the Federal Byrne Grant reductions will cause the scaling back of drug and gang units statewide, which I'm sure Camille Anthony can address from her position.

The war is on to protect our youth. Aristotle once said, "The fate of empires depends on the education of youth." The key to reduced demand for illegal drugs is an educated, well informed citizenry that is primarily our youth and then everyone else in the community are aware of the real dangers of substance abuse. With this awareness, each of us should be able to make our own informed decision and educate others on the perils of becoming involved in drugs. Beyond that—beyond that the battle lines are already drawn and we need to be as technically and tactically proficient as we can be to meet the enemy head on and diminish or destroy them.

Remember, it's as simple as red, white, blue, one, two, three.

I thank you for your time today on this critical topic concerning our future, and I would entertain any questions that you may have at the appropriate time.

Chairman HATCH. Thank you. You did this magazine up here?

Mr. GREINER. There's a national publication we work with, a national vendor to have that available. Our primary goal is to have that available to our youth and their parents at the 5th grade level of DARE so that they understand what it's all——

Chairman HATCH. I hadn't seen this before. This is the first one I've seen. I'm just skimming through it but it really covers every peril. How do you get it?

Mr. GREINER. I'll put you on the mailing list. Actually we sell the ad space and the advertisers in there pay for the magazine so they're free to the jurisdiction.

Chairman HATCH. So anybody—when you say "jurisdiction," you mean Weber County?

Mr. GREINER. Yes, sir.

Chairman HATCH. This is really excellent, thank you.

Mr. Wasden, we'll turn to you.

Mr. WASDEN. Thank you, Senator.

Chairman HATCH. Try to top that.

STATEMENT OF ROY WASDEN

Mr. WASDEN. I can't do it. I appreciate being able to be here. Thank you for your leadership. We've had tremendous success and through your leadership we've been spurred on in a number of efforts in Salt Lake and continuing in the last year, we have worked together to build a crime reduction strategy on the statewide level, with that have carried forward in county crime reduction strategy and universal crime reduction strategies.

The drug problem is the number one component of crime. The estimates run at least 70 percent of all crime relates back to drugs in one form or another. Based on that recognition, the resources to deal with the crime related problems must exist. While we've made tremendous progress with the resources and recognition through the U.S. attorney's office and prosecution, there still is a tremendous need that is not being filled and that needs the continued attention of filling spaces and completing the open positions that have not been filled in local and federal offices, specifically the immigration services.

I don't want to spend a great deal of time and repeat what you've been told, other than to tell you that it is accurate; that there is not enough information about the synthetic drugs, that in fact the traditional drug scene, cocaine, heroin, and now unfortunately methamphetamine, is being considered more of a traditional drug problem, those continue. The synthetic drugs are not well informed to our children. As we go through the DARE program with our children in schools, as we inform children and have DARE programs of parents, clearly there's a lack of information from every portion of the community in what these threats are and how to deal with the threat. Those programs must continue. We will never solve the problem attacking the supply site.

Unfortunately my time in Salt Lake is very short, because of this reason in closing my office I've not been able to write my remarks for the hearings today. It will be with tremendous anticipation that I move to a new job in California, and I appreciate the opportunity of having worked with and addressed the problems, Senator, in this format. You have been a resource to law enforcement in Utah and I hope that I find that as I move to my new position.

Chairman HATCH. We really appreciate the service you've given here, we are delighted to have you here with us today.

Mr. Morgan, you are going to be clean up here.

STATEMENT OF KENT MORGAN

Mr. MORGAN. Thank you, Senator. I'm used to that.

Chairman HATCH. If you can pull that mic up a little bit closer, I want everybody to hear you.

Mr. MORGAN. I'm, of course, referring to at home, not in the office.

Senator, my job is to supervise the State's prosecution of all felony controlled substance violations that occur in Salt Lake County. Many of the cases that Mr. Warner has referred to we'll be talking about, at least briefly.

I would like to mention to the Senate that the District Attorney's office files over 8,600 felony charges each year. That amounts to just over 6,300 cases. Of those total charges, more than half involve charges that allege one or more violations of the Utah Controlled Substance Act.

Chairman HATCH. Would you agree with the 70 percent figure, pretty close to it?

Mr. MORGAN. As being the——

Chairman HATCH. Related to drugs.

Mr. MORGAN. As other crimes, I certainly would. If we have a crime, a violent crime for example, a robbery, the motive for doing a robbery is because the person needs drugs, the easiest way to do that is to rob a drug store. The federal, State and local law enforcement agencies, prosecution officers and State crime laboratory personnel have recently become focused on the illicit and clandestine manufacture of methamphetamine in Salt Lake County.

A disturbing trend shows that the manufacture, sale and use of this controlled substance have reached alarming proportions. The total number of cases filed since 1994 has steadily increased from 1,609 felony cases to over 3,300 cases last year. We find that the controlled substance case load appears to double probably every 5 years.

There are four major crimes filed in a controlled substance case. These crimes are: Distribution or Arranging the Distribution of a Controlled Substance; the Possession of a Controlled Substance With the Intent to Distribute a Controlled Substance; the Possession or Use of a Controlled Substance, also known as simple possession; and the fourth one is, Manufacture or Production of a Controlled Substance.

Distribution and Possession with Intent cases comprise about half of the controlled substance case load, with felony and possession constituting about one third of the case load. The remaining case load is composed of a variety of kinds of cases, those are clandestine laboratory, forgery, prescription or pharmaceutical frauds, things of that nature.

Most disturbing are the statistics showing that prosecution of clandestine methamphetamine laboratories are increasing at an appalling rate and that methamphetamine use is replacing cocaine as a drug of choice by drug abusers in Salt Lake County.

In 1994 through 1997, the Salt Lake District Attorney's office prosecuted between 17 and 23 clandestine laboratory cases each year. In 1998, this number increased to 91, and doubled to 161 in 1999, and that's out of the 200 some odd in this case, you can see quite a few of those are here in Salt Lake County. This trend continues to the first half of this year. Other sorts of violations just don't show the same increase in the rate of commission near that

experienced with methamphetamine related crimes. The prosecution of methamphetamine labs is a complex process requiring considerable time and resources. There are no local resources to fund any additional county prosecutors. The District Attorney's office has had to resort to funding from the Salt Lake City Police Department for a one half time attorney position, and has been placed in the position of recruiting assistance from the Utah Attorney General's Office in order to be able to prosecute these offenses with any degree of the attention that is merited for these kinds of cases.

A clandestine lab endangers not only the person and confederates conducting the illegal manufacture of the methamphetamine, but endangers innocent individuals in adjacent and surrounding buildings who are exposed to the carcinogens, dangerous chemical fumes and the risk of explosion. This danger continues long after the lab is discovered and is dismantled. It is not unusual to find the infant children and toddlers of the illegal meth lab cooks crawling through the glassware and chemicals such as red phosphorus and lye that have been used to manufacture the methamphetamine. These children are taken to the hospital to be decontaminated and given an examination. One case that comes vividly to mind left the children in a state with clumps of hair falling out of their heads and sores covering their little bodies. Property values plummet when homes in the middle of nice neighborhoods are condemned with no money available from the criminal or any other resource to do the necessary clean up. Trash from methamphetamine manufacture has been dumped in the dumpsters of elementary schools and in cemeteries.

The harmful effects of methamphetamine abuse have long been established by the medical and legal community. It is distressing to observe that those who have been convinced to abandon the recreational abuse of cocaine, are now turning to the cheaper and more plentiful supply of locally produced methamphetamine. While 40 percent of controlled substance felony violations involve the illegal distribution or use of cocaine, felony crimes involving the legal manufacture, distribution or use of methamphetamine now exceeds 32 percent of the controlled substance case load in the District Attorney's office. Heroin is involved in 7 percent of felony controlled substance violations, while marijuana and other kinds of drugs make up the remaining 21 percent of the controlled substance case load. A methamphetamine charge 10 or 15 years ago was a rare case indeed.

A more recent occurrence in drug prosecution has involved the frightening use of so-called "club drugs" known as Ecstasy and allegations of the use of GHB, the "date rape" drug, because law enforcement is presently configured to intercept adults selling contraband controlled substances to adults in rather open and obvious markets, and it is not in a position to pose as an "addict" or teenager seeking thrills in a "rave." The ability to prosecute what is now becoming wide-spread abuse has been slow in coming.

The Salt Lake County District Attorney's Office has prosecuted only five MDMA, or Ecstasy cases, three of which were filed just last month. This does not mean that only a few violations are occurring in Salt Lake County. For example, this past year a local investigation, Mr. Warner referred to a local investigation out of

our office that resulted in the seizure of 250,000 Ecstasy pills that were shipped from Spain to Provo, UT. It was learned that these pills were legally manufactured in Holland, and were destined for illegal distribution in the United States. This investigation is continuing.

The greatest difficulty in combating drug violations is to apply resources in an effective manner. The availability of Federal funds for direct prosecution efforts would be most useful. Federal prosecutions often depend on the ability of the State to obtain an underlying conviction. As I understand the bill, funds would be made available to combat trafficking in methamphetamine to hire not only law enforcement personnel, but to allow for hire new prosecutors, lab technicians and chemists. I applaud those efforts, and remain available to answer any questions you may have.

Chairman HATCH. Thank you so much.

Chief, I wonder if I could get you to just step aside for a minute. Sherryl Bigelow, a mother of a methamphetamine addicted teenage daughter, is scheduled to testify on the second panel, but she has to leave at 2:30 p.m., so I think—I think I'll take her testimony at this time because her testimony is something I think that will be beneficial to all parents and children in the audience and throughout the State. So I'd like to give her that chance now. I'd like you to come right back up so I can ask some questions of you.

Mrs. Bigelow, we'll take your testimony at this time, if you pull the mike close to you.

STATEMENT OF SHERRYL BIGELOW, MOTHER OF A METHAMPHETAMINE ADDICTED TEENAGE DAUGHTER

Mrs. BIGELOW. Thank you for accommodating my schedule.

Chairman HATCH. Pull that even a little bit closer. I know it's hard.

Mrs. BIGELOW. As I've sat here and listened to these gentlemen give statistics and facts, I see the lab up there, it's just been very difficult because this is about my daughter. And while I told my story many times, it's always difficult.

One of the saddest things of all to me is I'm not alone. There are thousands and thousands of other mothers who have sons and daughters that they love who have been taken away from them because of methamphetamines.

My daughter is 19 now, and briefly I will tell you how she got started. This is what I'm aware of. When she went into seventh grade she had straight A's, she was a great student, had a lot of enthusiasm for sports and friends and animals. She came from a very typical home. My husband and I are still married after 24 years. Yesterday our oldest daughter entered the MTC, began serving a mission for her church. We're active in our church. I have four children, two cats and a dog. Very typical—typical family.

Come eighth grade we started seeing a lot of red flags. Our daughter's clothing changed, her friends changed, she had a hard time going to school, didn't want to go to school, she had mood swings and we just assumed it was hormones and adjusting to middle school, and I immediately got her into some counselling. And our pediatrician, who is wonderful, directed us to some very good counselors.

They diagnosed my daughter as having manic depression disease and being anorexic. We went into counselling for 3 years. During the 3 years she had a couple of suicide gestures, both times was taken to the hospital, neither time was she tested for drug use. At no time during the 3 years of our intense counselling did a counselor say, this could be drugs, this could be meth. Couple of times I suspected.

When she'd go into the pediatrician for kidney and liver tests for the anorexia, I asked if she would drug test her. And they couldn't drug test her without telling my daughter. My daughter's also very bright and she knew whenever she went into the doctor, she would just not use for three days before she got to the doctor, in case the drug test happened. So all of the drug tests that were done came up clean. When she applied for a job she didn't use for a few days before the job drug testing, and again it came up clean.

So I assumed that it was the manic depression disease and being anorexic, and tried other things such as letting her live with an aunt and uncle in Seattle for a summer. Nothing helped. I didn't know what else to do. We were at the end of our rope.

Our darling daughter became angry, she became violent, she had no desire to go to school, she was failing classes. I assume when she was there, when I did get her there, she left as soon as I dropped her off or I found out later that she would use in the restrooms at the high school.

At the end of her junior year I just started checking into places that deal with troubled teens or rehab, but as far as I knew my daughter was not drug addicted. We were just looking at the troubled teen issue.

One place I felt very comfortable with, my husband went with me because it was so expensive and our insurance wouldn't cover anything and we could—just didn't know what else to do. So we went and I had my husband with me and we asked several questions, and finally they brought in a couple of girls that were in the program. And there were 50 girls at the time and they pulled in two girls who I'd never seen or met before, and as we told our story they were convinced that she was using drugs, my daughter was. But I still had no proof that she was.

I didn't know what else to do, and we left the room and we were excused and said thank you for coming, Mr. and Mrs. Bigelow, and one of the girls put the names together and knew my daughter, and told us how involved our daughter was in crystal. And to tell you how naive I was, I couldn't even figure out what they meant by crystal. I'm thinking the little things that shimmer in the light. I'm going, oh, she doesn't have crystal in her room. Didn't make any sense to me until they put the word "meth" with it, and everything—everything was clear. Weight loss, not being able to sleep at night, the suicide gestures, the mood swings, the not going to school, the violent temper. Everything was so clear to me.

Needless to say we had her in this rehab for 11 months. She has been out just a little over a year now. She did very well for the first few months and then started using again. She's 19.

While she was in the rehab we found out she had diabetes and also heart damage. She's not living at home, a couple of reasons; one is that she knows as long as she's using she can't be at home.

She has two younger brothers and I don't want the influence of her use and the friends that she hangs out with, I don't think are healthy for my other children. I don't want them at my home. Plus it's really hard to live with a meth user when they're having a mood swing and are violent and angry and hateful.

I don't know where she is. When she calls me it's from a pay phone or a friend's cell phone. I hear from her about once a week. If it goes longer than that I start calling police stations and hospitals to see if she's OK.

The most frustrating thing we've been through is having no where to go financially with this. No help from insurance. And now that she's 19, I can't put her in another rehab. She's on her own. I hope that when the time comes that she's arrested that we can work out some kind of a deal to get her to drug court or something, because the only time I've seen her really humble is when she's out of her element, and I think if she were in a jail, I think that would be a really appropriate place for her to be humbled and want to change her life around.

It has been so difficult for our family, for her brothers, for her family unit. She isolates herself from us. She didn't go with us to the MTC with her sister. And my daughter told me once, it feels like she doesn't have a sister. She has two brothers and her parents.

My daughter is two people. She's the person who has the values of our family, who is kind hearted and loving; and then there's our daughter who's the meth user, and they are completely opposite as night and day. I miss my sober daughter and I fear for my drug addicted daughter.

I will be happy to answer any questions before I leave.

Chairman HATCH. Your testimony is very important because a lot of people don't realize—a lot of people in Utah don't realize—the tremendous difficulties that we have in this State from meth use. And these are descent kids that get sucked up into it, and next thing you know they're lost. Like you say, it completely changes their personality, it completely ruins their lives. I can't tell you how much we appreciate your willingness to come and tell us about this, because hopefully parents all over the State will start to realize that this is a real menace to our State, and not just here but all over, and I applaud your courage and welcome your desire to help other families recognize the signs of drug abuse and addiction, so that's important.

You've listed a number of these signs, telltale signs parents should be looking for. I'd just like you to just take a minute again and list some of the signs that suddenly you realized amounted to methamphetamine, and then I'm going to ask these law enforcement people a little bit about it so everybody in Utah can understand this is not some little insignificant problem.

Mrs. BIGELOW. The first sign that we saw was change in her clothing, from being kind of the cute stylish look, she was wearing baggy clothes, really baggy T-shirts and pants. The second sign was the music that she listened to became hard rock, rapping gang kind of music, is what I call it. Then we saw the grades fail. Apparently she was smoking and using alcohol and marijuana for about a year before the grades fell.

Chairman HATCH. Before she started on meth you say?

Mrs. BIGELOW. Well, it was probably even 2½ years before she started on meth. She escalated to that.

Chairman HATCH. People don't realize, they take marijuana and think it's really not that bad a drug, but the fact of the matter is, it is a gateway to other drugs.

Mrs. BIGELOW. And so is tobacco and alcohol with kids who grow up in a family where that is not used, and so we looked at tobacco and alcohol as gateway drugs also for her in her situation.

After the grades started failing the friends changed, and then she would want to be gone for sleep overs. She'd leave on Friday or Saturday night for a sleep over, and we would say, you know, it's your turn to have friends over at our house. But she never wanted to be at our house, that was a problem. We found out later, we get a lot of honesty when you're in rehab, that when we would drop her off at a friends or she'd say she'd be at a friends, she'd call us at 10 or 11 p.m., caller ID would show that's where she is, but she would immediately leave and be somewhere else for the entire night. When we would pick her up in the morning she would be where we dropped her off at. So we had no idea that's what was going on. But not wanting to be at home.

She refused to go on vacations with the family. We'd have a vacation planned and she would refuse to go. That should be a sign. They can't be away from their drugs that long, plus they're not comfortable around the family, they have to hide things somewhere.

Then getting her to school was a real challenge. She would want to sleep and it was tough getting her out of bed. It's another thing that was interesting to me that teachers didn't pick up on it a little more or have a suspicion and call and say, hey, we think there's a problem. But her school attendance was crummy, her grades went from A's to B's to C's to D's then just completely failing.

She was nonfunctioning. Suicide gestures, we had her in and no one drug tested her in the emergency room, and both times I assumed she was high. Suicide gestures should be a red flag.

Arguing with the family, not getting along with people she used to get along with. Violent outbursts came later.

One friend of mine the other day said, I see all these red flags but I keep waiting for one more before I know for sure. I keep waiting for one more. I wish that I would have known when she was in eighth grade or seventh grade instead of when she was 17 going on 18. I think we would have stood a better chance of getting her off if I had more time.

Chairman HATCH. This has been very helpful, and one of the problems you're having is—you've had is getting the proper type of treatment if you don't have the resources to be able to pay for it. That's one reason we passed the methamphetamine bill, my bill last year got through the Senate, we still haven't got it through the House. There's millions of dollars in there for rehabilitation and treatment programs, and in fact the justice bill was held up on one issue, the gun issue. Recognize that we had more money for treatment in that bill than we do for law enforcement, although we have an adequate amount for both. And it's all got caught up in politics rather than doing what's right.

But to make a long story short, you've been very helpful to us here today and to parents all over this State, and I know it takes courage for you to do this and we know it's terrible to have to relive it, but you're helping a lot of people here today, I just want to thank you personally. I think we promised you'd be able to go by 2:30 p.m., and we better let you go.

Mrs. BIGELOW. OK. Thank you.

Chairman HATCH. Chief, if we could get you back. Thank you very much.

Now, Mr. Marshall, you know, the administration has pointed out that we've had a 13 percent decrease since 1997 in drug abuse among teenagers, but that kind of hides the problem. For instance, use among teenagers since 1992 has increased 129 percent for marijuana, 80 percent for cocaine, 100 percent for both crack and heroin.

Additionally, the perception of youth drug use is confined to our Nation's urban areas is proven to be mistaken. According to a recent report funded by the DEA on illegal drug use among teens, it's notably higher in rural America than in urban and suburban areas. If we look at the map we had up there, it looks like the meth problem is primarily from the Mississippi River west, at least as far as methamphetamine lab shut downs go, but it's moving rapidly towards the east. Years ago it was basically just in the west, and it's just a matter of time before it engulfs the whole country.

Now, the report of the DEA found that eighth graders living in rural areas as compared to eighth graders is urban areas, 4 percent have tried amphetamines, including methamphetamine; 30 percent are more likely to use cocaine; 30 percent are more likely to smoke marijuana; and 83 percent more likely to use crack cocaine.

Now, this is particularly troubling to me and my constituents from the mostly rural State of Utah, and we're having lots of problems out here now. What do you think accounts for this drastic increase in rural drug abuse and what is your strategy for helping to bring this down or bring these numbers down, Mr. Marshall?

Mr. MARSHALL. I think really a couple factors account for it. Number 1 is the ease of communications and information; perhaps the internet, perhaps just general communications in our country. People are better informed all over the country about what's going on; therefore, I think that people in rural areas who were not many years ago when I was a child, for instance, just not exposed to that sort of stuff.

I think that the modern world has made our society more mobile and that sort of stuff, but I think more importantly, Senator, we're seeing in the drug world that the drug trafficking organizations themselves are becoming more aggressive at marketing their products, and I'll give you some examples of that.

The Colombian groups, for instance, when they got into the heroin market, they began selling heroin, a kilo of heroin with every 500 kilos of cocaine as a condition of selling the cocaine to their established customers, and so those customers would then take the heroin, which at the time of a new product for the Colombian drug dealers, and they would have to create new markets for it.

We've seen the Mexican drug trafficking organization, Mexican based drug trafficking organization, we've seen them actually try

to create new market for methamphetamine, and that's what has accounted for the spread of methamphetamine. But most key is that a number of years ago in the smaller areas and in Salt Lake City, for instance, probably if a person wanted to introduce drugs into this community or Tyler, TX near where I grew up, there would have to be someone in that community that could reach out and know a section in Los Angeles or Houston or New York or Miami, you know, in order to bring drugs into these communities.

What we see in today's world is that the drug trafficking organizations themselves are seeing opportunities to market their poison and they're actually moving their own organization representatives into many of these smaller and mid size cities, and they're consciously attempting to create new markets in these places. They feel like in a smaller place there might be less of a law enforcement threat, they feel like there might be less awareness, might be less vigilance against the problem, and I think they're consciously marketing this.

Now, as far as DEA strategy. We're trying to increase our presence in smaller places. For instance, we've increased our presence in Salt Lake, we've recently opened an office in St. George, we would like to open an office in Ogden, we want to go in such places in the country as Lufkin, TX and Tyler, TX and places like that with the presence, and we are submitting, once again, in budget year 2002 a Domestic Enforcement Initiative that would increase the number of agencies that we have on our payroll and will allow us to do that.

Now, other things that we're doing, obviously we've talked a lot both over at the DEA office and here to a lesser degree, about law enforcement cooperation. And I think that DEA and federal government need to serve as catalyst to protect law enforcement cooperation, to promote intelligent sharing, to promote not a federal solution to these problems, but a national solution where we can all work better together.

Chairman HATCH. We're happy to have you as the new leader of the DEA. You have the right idea, just exactly—you have so much experience, like I say, you're the first one who's come up through the ranks to become head of the DEA, and that's pretty impressive.

Mr. Warner, you and I have worked on a couple of problems here. Tell the folks here in the audience how easy it is to get off of methamphetamine.

I've put that in a sarcastic way, haven't I?

Mr. WARNER. I was going to say I wish that it were easy to get off methamphetamine.

Our experience is not dissimilar to what Mrs. Bigelow described with her daughter's relapse. We have seen time and time again defendants in our criminal justice systems who are basically meth addicted and they're in our system and they're coming back to our system because they have been in both the criminal justice system as well as rehab, sometimes incarceration, sometimes in a private facility, but—and I don't have statistics——

Chairman HATCH. How many years does it take to be able to rehabilitate some teenager that's been on meth, or anybody else for that matter?

Mr. WARNER. Well, in my experience just around 3 years because——

Chairman HATCH. That's if you use an intensive Federal rehabilitation program?

Mr. WARNER. That's right. In terms of us seeing people that actually can successfully lick the problem, and obviously individuals differ, but we're talking long-term intensive.

Chairman HATCH. And a lot of money.

Mr. WARNER. And a lot of money.

Chairman HATCH. Do they completely lick the habit in 3 years?

Mr. WARNER. I don't think——

Chairman HATCH. The desire for these type of drugs?

Mr. WARNER. Obviously I'm a prosecutor, not a medical doctor. But my experience has been that's something they'll deal with the rest of their lives. Psychological addiction, even if they meet and beat the other, these are people we see in our system that are fighting this addiction for the remainder of their lives.

Chairman HATCH. Doctors tell me you never get rid of the desire, you're just able to handle it better after you go through a true rehabilitation. Is that your experience, the rest of you? You're all nodding your heads yes.

Let me ask you, Chief and Roy and Kent, as I mentioned in my opening statement, most Utahns know methamphetamine is a horrible destructive drug. I'm not sure that's a correct statement, some Utahns, not all. Among methamphetamine users there are innocent children and family members who do not use methamphetamine. You've mentioned getting parents who have set up a lab such as this in their home and they have little children addicted to methamphetamine, and that's happening all the time here in Utah. Am I wrong on that? You're all saying I'm not, I'm right.

Can you please explain to the folks here, everybody who is interested in this, what kind of damage you've seen to the children, spouses and neighbors of people who produce methamphetamine in their homes.

Chief and then Roy then Kent.

Mr. GREINER. We're having a significant number of children that become instituted in foster care programs that are becoming what we, not affectionately, refer to as drug babies. Even my secretary who really loves children has found that more and more children that she picks up and helps in the foster care program are a result of these kinds of environments. They're children of people who are involved in the drug culture. They bring the product into their homes. It's so easy for them to make it any more, particularly the methamphetamine. But by accident they're getting themselves exposed, or if not procuring the life cycle of birth.

It's a real problem and we're getting to the point where we're being just like big cities in rural Utah. We're getting those drug addicts as children who have, through no consequence of their own, been exposed. And that's just increasing every year.

Chairman HATCH. Anybody else care to entertain that?

Mr. MORGAN. Why don't I. One of the consequences that you'll see is the labs set up——

Chairman HATCH. You need to pull that up.

Mr. MORGAN. Thank you, Senator. When you see a lab put together, a meth lab, what they'll do is rent a home in a nice neighborhood; it's conceived from the police, everybody knows criminals aren't in our neighborhoods, and over a period of time cook whatever meth they need. They sell the methamphetamine and then usually about 3:00 in the morning on Friday we'll ruin their party and serve a search warrant. That's not the end of the game. What happens at that point is the drug enforcement agencies, the law enforcement agencies will take out, along with the State crime lab, any of the contaminated materials and chemicals that are used to directly make the methamphetamine. What's left behind is all the chemicals that were used that are now seeping into the walls.

Chairman HATCH. They're highly toxic.

Mr. MORGAN. They're toxic carcinogens. They're now no longer explosive, but they stay in the walls and cause cancer and all kinds of problems.

Chairman HATCH. Explosive. These things being set up, that is explosive?

Mr. MORGAN. While it's cooking, it's a bomb.

Chairman HATCH. Bomb waiting to go off.

Mr. MORGAN. Right. These common chemicals like lye, red phosphorus, iodine, things of that nature, themselves in small amounts are very harmless. When you concentrate them and the leftover chemicals after the cooking process is going to be permeating off this room. We take the meth cooks to jail, DEA goes back to what they're doing, and the rest of us go back to what we're doing. Then the landlord shows up, and the landlord now has a multi—tens of thousand dollar bill he's going to have to do to clean the place up to even rent it, much less sell it to somebody else.

In the meantime, he can't do anything because he doesn't have $30,000 in his pocket, and that home just sits there. It sits there for years at a time waiting until somebody will come in and take the loss and clean the place up so they can sell it to somebody else.

It's right in the middle of the neighborhoods where we live and all the other property values around this house go down as well. That's just the economic consequences. And that's in addition to the human suffering.

Mr. WASDEN. Senator, Kent describes a real problem. Then there's the unscrupulous landlord who may well not clean it up and rent the property. The meth department and Salt Lake County are taking a strong role in becoming very involved as we close labs in determining and setting standards about how those properties need to be closed and made safe for the community. And that's an emerging problem.

A couple numbers I want to give you. In February 1999 the meth and drug initiative, we've taken 155 children out of homes of—we now do a hair test on those children to see what is in their system. A long term hair test allows a longer period to review. Thirty-seven percent test positive for methamphetamine and will go through the withdrawal and have that on board as a dependent drug thing they'll have to deal with.

Chairman HATCH. This is shocking when you think about it, but 2 years ago Utah was the third largest methamphetamine shut

down State in the union. Where are we ranked today in the year 2000, or even 1999, do you know?

Mr. WASDEN. In the number of lab shut downs, I think number one.

Mr. WARNER. Per capita we're probably at the top or near the top in terms of raw numbers. I heard around number nine in terms of just the raw numbers.

Chairman HATCH. We're at the top or near the top for methamphetamine lab shut downs. If that doesn't tell us something, we don't know what will.

Did you have a comment on that, Donnie?

Mr. MARSHALL. I was just going to possibly get the chart back up, but I believe it is eight or nine or something like that. I know that number one is California and——

Chairman HATCH. Compared to millions of people. If you take a per capita we're right in there.

Mr. MARSHALL. I haven't done that kind of comparison. We'll do a little research on that and get you an answer for the record. And even looking at raw numbers, see Utah is one, two, three, four, five, I only see about five or six States that have higher than Utah.

Chairman HATCH. It's shocking because this is a great State, we have great people in this State, very family oriented. But here we have one of the major methamphetamine shut downs of the States in the Union.

We're running out of time and I want to get the second panel on, just want to ask just a little bit more here about club drugs from all of you, and then I'll submit questions in writing so we can make a record. If you could answer those in writing I'd sure appreciate it.

But as we've heard about recent use, the highly potential toxic so-called club drugs they're designing, such as Ecstasy and GHB, that teenage use is soaring, it's out of control.

Now, we have also been told by Utah law enforcement the problem is going on in Utah. Many teens do not perceive these drugs as harmful, as you noticed on the television clip that Mr. Marshall showed. They don't think of them as harmful or dangerous. They're using them at all night dance parties called raves, which occur every weekend across the country, including here in Salt Lake City. And indeed between 1998 and 1999 use of Ecstasy among twelfth graders increased by 56 percent and use among tenth graders increased about 33 percent. That's just in 19—between 1998 and 1999

And while GHB has received recently more negative attention due to the several teen deaths attributed to its ingestion, it also remains ubiquitous or pervasive at these parties.

Now, if each of you could just quickly respond to the following questions: Are you in fact seeing an increase in these club drugs, and if so what action is DEA and local law enforcement—what action are you taking to target these new drugs that are apparently being marketed to teens, and are law enforcement agencies working together to address the drastic rise in importation of Ecstasy, and last but not least, are these drugs being manufactured here in Utah, these club drugs, or are they primarily being imported from elsewhere or from out of State? Now, if the drugs are being im-

ported into Utah, where are they coming from. That's a lot of questions, I thought I'd ask them all. Start with you, Mr. Marshall.

Mr. MARSHALL. Let me address each of those. With regard to increased use. Absolutely we are seeing increased usage, not only in Utah but nationwide. I think that it is attributed to the fact that there's a lesser perception of risk of these drugs among teenagers, and I think that these drugs are being portrayed in the media and in movies on the supernet as harmless drugs.

What are we doing about it? We have very recently, and I say very recently, going back about a year when we began to notice this as a—just a mushrooming problem, we actually headed up an investigation that targeted what we perceived at the time to be the biggest Ecstasy importation ring in the country. That was Operation Rave, and I referred to that in my statement so I won't repeat the results of that. But what we found was that in fact Ecstasy is being manufactured primarily in Belgium and The Netherlands, and it's being brought into this country by European, Russian and Israeli organized crime. We have seen a few instances of Ecstasy being manufactured in the United States.

Now with regard to the other——

Chairman HATCH. The Netherlands have become central because they have a wide open drug use. In other words, it's legal to use drugs.

Mr. MARSHALL. Tremendous problem. They refer to it as a great experiment, how successful it is, but the surrounding countries——

Chairman HATCH. I've had top law enforcement from France and the other surrounding areas say it's a cesspool there and it's affecting all the other nations. I don't mean to malign the Netherlands, but it's a dog gone mess, and now you're saying a lot of that mess is coming to our country because they allow the making of these drugs in that area.

Mr. MARSHALL. No question about it.

Now, what should we do to combat Ecstasy and these other drugs? Number 1, greater law enforcement and public awareness, and we're starting a campaign with the DEA to do that. The first step of that is a national club drug conference. Second, we need to have more law enforcement cooperative efforts against it. I think third we need to educate the public, teenagers and law enforcement as well as ourselves.

I've got to tell you, many people in law enforcement are not yet aware of this problem, and they see these raves and they see the clubs and they simply don't realize what's going on there and what they're seeing, and I think we can do a better job and have started doing a better job focussing that kind of attention onto it.

Chairman HATCH. Thank you. Anybody else care to comment?

Mr. WASDEN. Quickly, Senator. We're seeing the increase where there's raves, the drugs are—we have ongoing investigation. We've made the club drugs part of our initiative with the DEA and we just lack resources. We do not have the resources to—it's a whole new problem. We've had to have legislation passed in Utah recently that's gone into effect, and so these things are an emerging problem that we will need resources on and we need just a lot more help.

Mr. WARNER. Senator, I want to emphasize, I agree with all that's been said here. Unfortunately we in law enforcement and prosecution will never successfully, as has been stated, prosecute the drug problem out of business.

It is a community problem. It is a society problem, and it's one that all facets of society has to come together on its education aspect is so critically important, because by the time we see the problem, you know, barn doors are open and the horses are gone and we see the unfortunate results. But the reality is many, particularly on these club drugs, it's really going after our youth, one of the most volatile segments of our society, and awareness and education have got to be an important part of that.

Chairman HATCH. Very susceptible to that type of youth activity.

Mr. WARNER. Absolutely.

Chairman HATCH. I happen to like our mayor in Salt Lake very well, but he's a little bit—he's disappointed in the DARE program, which is—do you have any advice on that, because I've always be a supporter of it, but you know, I don't—I'm not positive how well it's working. Mr. Wasden, you mentioned——

Mr. WASDEN. The DARE program has undergone criticism and some may have been appropriate. It's important to look at the agenda of the research and look at all the research if you're going to evaluate DARE, as well as recognize DARE is trying to move into the future.

We have a long-term plan clearly focussed on young kids, elementary, junior and high school, and even into college, with information. And if that information isn't available, they'll go to the club when they're old enough and be offered the drug and not know about it and experiment, I mean, the information has to be there and available, whether through DARE or another program, we have to have the education.

Chairman HATCH. Well, I don't know what to do. I've been a strong supporter of DARE and I don't want to ignore our mayor, because he understands this area and is very concerned about it. So it's my impression that it's a program that's been run for a few years, but it really is still just starting to generate what needs to be done.

Is it making headway?

Mr. MORGAN. Let's keep in mind the people using club drugs aren't 18-year-old drug addicts on playgrounds near the corner. It is the 14-year-olds that are the people who are taking the drugs. And there is something very positive about the role of a policeman that a school can count on, depend on, and I think the criticism directed at DARE with the policeman being the teacher of the effects of drugs is ill founded and just ill advised, criticized on that basis.

Chairman HATCH. I'm going to submit questions with regard to how gangs develop as a result of drug abuse and what happens when you have criminal aliens in the country that literally are bringing drugs with them causing underlying problems of our society, but I'll put those in writing. But I really want to express my appreciation to all of you being willing to appear today, and I hope that everybody in Utah pays strict attention to what you're telling us because we've got a real problem here, and we need to nip it in the bud before it goes much farther.

Thank you all for being here, I really appreciate it. Let me just also recognize as being here in the audience Lamont Tyler, the Utah House of Representative. Mr. Tyler, where are you?

We've got David Joe from the Salt Lake County District Attorney. Dave, where are you? He's been here.

We've got Patrick Flemming, from the Utah Division of Substance Abuse. Mary Lou Everson. Vern Larsen from Safe and Drug Free Schools from the Utah State Office of Education. Janor Numus of the Utah Alcohol Foundation. And Jamie Roberts, director of the Rape Recovery Center in Salt Lake City. So we're really honored to have all of you here.

Chairman HATCH. We're now pleased to introduce a second panel of witnesses. This panel will discuss the effects of the drug problems along the Wasatch front, and our first witness will be Dr. Shari Welch, an emergency room physician at LDS Hospital. I just came from the emergency room so I'll be interested in that. She's treated a number of GHB overdose and has seen firsthand the terrifying side effects of that drug that too few young people understand.

Next I'd like to mention we're pleased to have with us Colleen Taylor, the president of Utah's PTA, working closely with parents and teachers around the State. Ms. Taylor has a good understanding of the various perils facing our Utah youth today, including drugs, and we're really honored to have you here.

We also welcome Steve Allred who is the Utah County Human Services Specialist in drugs and alcohol. We commend his work in treating these conditions and we look forward to your sharing your expertise in this area as well.

And finally we have a young person here today who's going to testify anonymously about his personal involvement in local clubs and raves, and his testimony is important because it will help all of us gain insight into the kinds of illegal drugs found in our area night clubs and parties, and I really appreciate his willingness to testify or to talk to us today. So I'd like to welcome each of you here.

We'll start with you, Dr. Welch, first. Now if you could summarize your testimony, I know that we're supposed to finish at 3 p.m., we're not going to make it. But I'd like you to, if you could, summarize and then we'll go from there.

PANEL CONSISTING OF DR. SHARI WELCH, EMERGENCY ROOM PHYSICIAN, LDS HOSPITAL; COLLEEN TAYLOR, PRESIDENT, UTAH PTA; STEVE ALLRED, SUBSTANCE ABUSE PREVENTION AND TREATMENT PROGRAM MANAGER, UTAH COUNTY DIVISION, HUMAN SERVICES; AND ANONYMOUS YOUNG PERSON

STATEMENT OF DR. SHARI WELCH

Dr. WELCH. Thank you, Senator. What I'd like to do, with an eye on the clock of course, is present to you how some of these patients look and why we are so worried in the emergency room about these club scene drugs.

For us here locally, at least according to physicians in the University of Utah and at our hospital, LDS, it's really GHB. I know nationwide Ecstasy is making its way through, but GHB is really

the problem we're dealing with, and actually Mr. Marshall kind of showed you some of that.

I'd like to tell you about a case actually last week in the emergency room, because I think she's the prototype for what we're seeing with these drugs. It was a 19-year-old woman who had been planning on going dancing with her girlfriends, and this is someone who has no experience with drugs, she's lead a very sheltered life-style, she's active in her church, in sports and so forth, and then planned to go dancing at the clubs.

She began sipping a Coke and her girlfriends started laughing, and when she asked what was the joke, what was so funny, they told her that they'd put something in her drink. And this was very atypical for this group of girls. She couldn't taste it, she couldn't smell it, couldn't see it, and so she finished the beverage not thinking anything would happen.

The next thing that she recalled, she woke up in the emergency room at LDS on a respirator with parents worried at her bedside requiring life support to stay alive. This was 3 hours later, and here's what had happened in between—and you have to appreciate that these are not things that we're used to seeing, drug scenes on the street. Usually by the time I have contact with someone using amphetamine or cocaine, by the time there are health problems they are well along in terms of their addiction and their life-style, they've committed to it.

This GHB is something totally different. These are kids not doing drugs, they have no experience, they're making a wrong choice either directly or inadvertently and they're falling prey to it on the first go round.

In any case, she came with the paramedics who were very worried, she was not breathing well. And the paradox of this drug is that you'll have periods where you are in a deep coma and not breathing, and then the thing, you know, fighting and combative, very difficult to manage these kids. They were very upset because they couldn't get her respirator and they were forced to inflict pain to keep her breathing.

One thing we do in the ER is a sternal rub. We rub our knuckles against the breast bone to stimulate pain and keep someone breathing who's not otherwise breathing, and this is what it took. The paramedics were very upset. I said the fact that she's alive to worry about those bruises is good enough.

We quickly put a respirator in, which is a very unusual event for someone under 20 years of age outside of the usual that I see car accidents and whatnot. I am seldom having to put a young person on a respirator, but we did that. I thought you can kind of feel the whole room relax once that problem is addressed. And I left the room to go talk to my staff and try to find parents. They called and said her heart rate is 30. Again, not a common problem for a very young person like this. I had to administer a life saving drug called atropine and put a pacemaker on her.

I do not do this for people under 50 years of age. Very unusual. I'm telling you how dangerous this drug is. I left the room a third time and they called and said her body temperature's falling.

This drug attacks every vital function, you can't maintain heart rate, breathing or body temperature. We've seen seizures with it,

and if truth be told, it looks like a brain hemorrhage. In fact the first case that we saw at LDS Hospital with this myriad of—by the way, in California, in New York we think we're dealing with brain hemorrhage. The first night we saw one back 2 years ago we called a neurosurgeon, called the operating room and thought we were going with an acute neurosurgical problem, brain hemorrhage. And it was this drug.

They also tend to urinate on themselves, we have to put a catheter, they can't control bladder function. They begin to vomit violently. We have to put a tube through the nose to drain the stomach. This starts off often for young people as a good time, turns out to be anything but, and they require absolute life support for just a short period of time, others continue.

The dramatic thing about this drug, I will tell you, I was impressed last week when I saw—it was the same as the first time I saw it 2 years ago. All of a sudden they wake, they're totally awake as if the anesthetic has been turned off and they have no memory of anything that's transpired. So it's very, very dramatic, but this problem is different from what we've seen before.

These are not seasoned drug users. The kids are misinformed, and I often—also have to tell you this, in the midst of resuscitation her boyfriend came running in and said, why are you doing that, you don't need to do that, you doctors always do too much, she's not flat line. And I turned to him and said, if we waited until she was flat line she would be dead, and we had to usher him out of the room.

But there's actually on the internet and on the street misinformation saying that these drugs are safe, take them, have a good time, they were once in health foods, go for it, have a good time. And the kids are just responding more to that than the realities of the drug.

And I can say this drug is fast. Fifteen minutes to affecting respiration, heart rate, blood pressure, basic body functions. And I've had near misses, I'm very worried before the summer's out I'm going to have to go to what we call in the ER "the cry room" and break the worst possible news to family members. So far I'm going to the cry room and I'm saying your son or daughter's overdosed and they're on a respirator and we think everything is going to be OK. I'm worried I'll be going to the cry room before summer's over and have to tell some parents that their child, because of a mistake they've made, is now dead from this drug.

Chairman HATCH. That's pretty dramatic. Was there anything else done to her, because often times these are date rape drugs and they're used by viscous people to commit rape.

Dr. WELCH. Actually luckily for her there was not. But that same night we had a 14-year-old that we also suspected was GHB, not as severe medical problems. But when we found her on the floor at a party, which a group of teenagers left as soon as the life squad arrived, her clothes had been almost completely removed. We were very worried for her and she was only 14 years old. It's definitely being used in another sinister scenario.

Chairman HATCH. Well, your testimony is very important to us.

STATEMENT OF COLLEEN TAYLOR

Ms. Taylor, I appreciate you being here.

Ms. TAYLOR. I was truly appalled as I heard some of the testimony and I spoke earlier with Mrs. Bigelow, she mentioned something that kind of hit me difficult too. She said that some of—as her daughter started into that whole episode, at the very first when she was in eighth grade she was saying they're having a dance, they're letting us in for half price if we wear our CTR rings.

Unfortunately to our predominant culture, that would be almost an OK to let your kids go to that party. And my understanding from her and so on, is that these rave clubs are truly preying on our young people. I think it's important, I hope today—actually a detective I spoke with just the other day actually showed me as a parent, a beaded necklace, a baby pacifier, things that would be—a tube of chapstick—stuff that would be around a home that parents should know that this is common paraphernalia for these kids who are using.

I haven't seen that yet and those are the kind of things we really need to let parents be aware of, watching for those signs. And I hope the media after your presentation and so on, will really pick up and make a media blitz about this. I do feel like we do not tell parents enough. They will act better and do better for their children if they are given more information, but we can't work separate from parents.

PTA stands for a lot of things, but it stands for prevention. So the more information for parents, for communities, is better not, you know, not on the other end as they mentioned at the very end of what has happened. Tim Condon, the Associate Director of NIDA, mentioned that accurate, credible information is the most powerful weapon to combat with the increasing use of these dangerous drugs.

Hopefully the PTA will be able to open up further dialogue as we provide training and information to our parents, and as I spoke at the very first, the PTA is here to encourage parents to find out where their kids are going, who their friends are. Open communication with their kids. Also to be very up front about telling your kids not to ingest anything that would have—the first sign was these girls laughing, and it's difficult to believe that friends would, you know, play a joke on a good friend. So not just strangers that they need to be aware of, but friends too. Because of the negative information we've had about these drugs, that they are feel good drugs, they'll be OK.

Unfortunately some of our young people think it's OK to pop a pill because parents pop pills all the time. Not necessarily bad drugs, but we're a pill using society. It's not shooting up or using, you know, some of the other paraphernalia that's been used in the past.

One more thing that we really need to concentrate on is really listen to our teens. Often we're quick to jump in and say, let me tell you how you handle that. Start listening better to our teens, find out what's going on in their lives, why they're upset about things, before it gets too far.

Real important skills that I push with the DARE program just a little bit, I've got six kids, the youngest is almost 14. The DARE

program gave them good skills, good conflict management skills, good peer pressure training that if we don't have someone provide for our children from kindergarten up, I'm not sure who else will. Parents help a lot too, they need to reinforce those things taught by the DARE program, but that's a critical program that I think does help a lot in the schools. Those are those kind of life-styles that we truly as a community need to focus more on.

Just a couple of other things, is we need to make sure that our kids know we care about them. We need to know where they're going, who they're hanging out with. We do want them to kiss us good night so we can smell their breath, know who they've been hanging out with, those kind of things. Don't be afraid to be a parent. That's been part of the concern too, we've stepped away, we want independent kids. But they need parameters, they need that guidance from us.

Be alert to signs of trouble, and as a PTA, really step up our efforts to really give more information to our parents. We work with a lot of the different associations that you've mentioned in giving training to our parents so they're truly aware of what they should be looking for for their young people to help protect them.

Appreciate you being here and all the efforts that you are making.

Chairman HATCH. We appreciate you and your testimony.

Mr. Allred, we'll turn to you.

STATEMENT OF STEVE ALLRED

Mr. ALLRED. I'd also like to thank you, Senator Hatch, for inviting me. I'd also like to make you the offer of using my experience and my knowledge at any time in the future.

Chairman HATCH. Thank you.

Mr. ALLRED. As the Substance Abuse Prevention and Treatment Program manager for Utah County Division of Human Services I have recognized that the club drug problem is increasing in our community. The availability of GHB and MDMA or Ecstasy, methamphetamine and LSD has grown and our youth are finding it very easy to obtain. These specific drugs are popular in the rave scene due to the effects which keep one awake and alert allowing an individual to party longer and consume other drugs like alcohol and marijuana.

Youth in our community have done their homework on the different drugs of abuse and are very sophisticated in knowing about drug effects and the effects of combined drugs. They know that when they take GHB they can experience a euphoric feeling without having to consume alcohol which can be smelled on the breath and tested for with a breathalyzer. They are very aware that these drugs are hard to detect through our current testing—hard to detect through our current testing methods.

Those involved in the drug culture have networked and have amazing communication systems in place. When youth are referred to our office for a substance abuse assessment they are very informed in what they should and shouldn't admit to. They have been informed by peers that the admission of certain use patterns or chemicals will meet the criteria for a treatment placement. Those who are referred to treatment are informed about drug test-

ing procedures and know that marijuana can be detected in a urine sample for up to 30 days. Knowing this they modify their use of drugs and take drug testing masking products or fluid load to increase the likelihood of a negative drug screen. Current drug testing procedures don't screen for GHB or MDMA.

In a recent conversation with an attorney from the Utah State Attorney General's office he stated that we are having to constantly create new laws to keep up with the illegal manufacturing of drugs. Chemists find it very profitable to create drugs with a slightly altered molecular structure to avoid controlled substance laws. Once a drug is designated as a controlled substance, the chemist will alter the chemical structure slightly and we will begin the controlled substance process all over again. There are also several sources of information as to the manufacturing of these chemicals on the Internet and through other publications. A young girl in a group I was facilitating in the last month stated that there were books in her high school library that gave the instructions to manufacture GHB and methamphetamine.

Date rape is another concern with these drugs. GHB, Ketamine, and Rohypnol can have an amnesia effect, decrease inhibitions, and an individual may have poor memory of incidents occurring while under their influence. In this case a date rape may not be reported due to a vagueness of memory or no memory at all. These drugs are tasteless and odorless and can be slipped to someone unknowingly. Realistically, alcohol is also a date rape drug which lowers inhibitions and judgment. People have been using alcohol to take advantage of others throughout history. In combination with GHB, Ketamine, or Rohypnol, the danger is magnified.

Another concern that hasn't gotten much publicity yet is the use of Dextromethorphan, an ingredient in Robitussin and Coricidin, an over-the-counter cough medicine. Young people have reported that this common drug enhances the effect of other drugs and reduces the "hangover" effect of drinking. Youth are aware of Internet sites which give the reader instructions on how to and how much an individual needs to get the desired effect.

I believe that it is clear that we have an ever growing substance abuse problem in our communities and that there are constant changes and new discoveries each day. It is almost impossible to keep up with these problems and we need to change the approach to dealing with substance abuse in our country. We have waged a war on drugs which is an interdiction approach to reduce the supply of illegal drugs. I need to make it very clear that I am not an advocate of legalizing drugs, but believe there needs to be a strong shift in the way we view and deal with this serious problem. Research outcomes during the Nixon administration showed that drug treatment at the local level is actually the most effective way to wage this war.

The war on drugs began with a focus on cocaine and marijuana. We have not had a decrease in marijuana use in Utah but have had a significant increase. While the war on drugs focussed on marijuana, we had a decrease among youth in Utah—from the Bahr surveys. From 1989 to 1997—excuse me—there was a slight decrease originally from 1989 to 1997. Marijuana has increased from 6 to 10 percent amongst our youth. Cocaine has shown a sig-

nificant decrease as law enforcement efforts reduce the supply and increase the price. My observation as a substance abuse professional is that cocaine use decreased but the use of other drugs increased in their place. We as a society need to—tend to sensationalize current issues and limit our focus to "big news" issues and ignoring other consistent problems. Meth use and the busting of meth labs is big news and we are enacting stronger efforts in prevention, treatment and law enforcement to deal with this issue. Are we neglecting to focus on other drugs again?

It is obvious that when we focus on supply rather than demand we will always get the supply. No matter how many drug dealers you put in jail there's someone willing to take their place. I believe that when we make prevention and treatment a priority, not only in thought but also in funding, we will greatly increase our chances of winning the war on drugs.

According to local and Federal surveys, Utah has the lowest rate of drug use prevalence in the country, Utah County being the lowest in the State. The numbers indicate that 9.8 percent of the youth in Utah County reported using an illegal substance in the 30 days prior to taking the survey, or abuse among Utah students in 1997, but when you break the percentage into actual youth, it adds up to 3,494 students. It appears that we are doing an effective job of prevention and treatment in our communities based on issues from 3 years ago. With the added problems of new drugs surfacing we are slowly slipping behind, which indicates the need of an increase of funding for these new issues. It is difficult to keep up with or even get ahead of substance abuse problems, and with new technology it is becoming increasingly more difficult. We are currently running awareness programs in our schools and community to help educate citizens on current issues, but need to reach a larger portion of our population.

Our risk and protective factors for Utah County indicate that we have a strong religious community, which contributes to our low rate of substance abuse incidents. On the other hand, our risk factors indicate the need for developing a stronger attachment to the community, healthy family and parenting programs, and stronger rewards for positive behaviors. We facilitate these problems as best we can but we need greater resources, including funding, to continue to aid our youth in reducing substance abuse and other destructive behaviors.

Thank you.

STATEMENT OF ANONYMOUS PERSON

Chairman HATCH. Thank you.

I'm going to just ask some questions, hopefully our mic system will work, ask some questions to our teenager who has had some experience with these matters, and then we can cover it this way and then I have some questions for your panelists.

Now, let me ask you this question: This is an anonymous teenager, but someone who has experience in this area. In your experience just how prevalent are drugs such as methamphetamine, Ecstasy and GHB at our local clubs, is the situation worse at rave events?

ANONYMOUS PERSON. Well, Senator, my experience is that these drugs are everywhere. They're very prevalent in the clubs and they're easier to find in the rave events because there's no alcohol so there's a shift in focus just to drugs.

Chairman HATCH. Would it be accurate to say drugs are available to anyone any time at these venues?

ANONYMOUS PERSON. Yes. Often times dealers walk around just telling kids, I have E, I have X, just saying that. They're a real comfortable environment, they either know the promoter or the security guards or they are in fact the promoter or security guards themselves.

Chairman HATCH. You're saying security guards at the clubs and the rave parties that are looking for patrons who might be carrying these drugs, but you're saying some may be complicit?

ANONYMOUS PERSON. Exactly, synonymous. What better would it be than just throw a party just to sell your drugs. That's what these raves are basically for.

Chairman HATCH. But you've heard the head of the PTA here today, some parties seem to give a discount for those who wear CTR rings.

ANONYMOUS PERSON. Yeah, I mean——

Chairman HATCH. Are you familiar with that?

ANONYMOUS PERSON. No, I'm not. But I can see that that would be a good marketing move, because in our culture, I mean, in Utah there is a large LDS factor, and those people don't believe in alcohol, and so if a kid goes to a party, there's going to be no alcohol at, their parents are more inclined to let them go.

Chairman HATCH. So choose the right——

ANONYMOUS PERSON. Right, yeah.

Chairman HATCH [continuing]. Rings, they're actually exploiting that situation.

ANONYMOUS PERSON. Total exploitation.

Chairman HATCH. In general how old are the youth that you're seeing using these drugs?

ANONYMOUS PERSON. I would say probably starting around 16, possibly even younger, but my experience between 16 and 18 and on.

Chairman HATCH. Well, are these young people, are they from all walks of life?

ANONYMOUS PERSON. They would be from all walks of life, but more and more increasing from affluent kids, surprisingly, because they have money. Dealers will target children in upper, middle class to rich children because they have money. Their allowances are greater, they can afford to buy these kind of drugs.

Chairman HATCH. In your experience how much does it cost to buy some of these drugs?

ANONYMOUS PERSON. For Ecstasy, between $20 to $25 in Salt Lake City. The going rate throughout the country is basically $20 per pill.

Chairman HATCH. How about GHB?

ANONYMOUS PERSON. If you were to buy pills in greater amounts, you know, five to ten pills, you will get a price break. That's what happens. So GHB—I'm not sure how it's sold, probably bottled, most likely at raves. Most people purchase that before they're

going, they'll just have that on hand in like a large bottle in their house and just put a smaller container for travelling.

Chairman HATCH. Have you ever had any experience with GHB?

ANONYMOUS PERSON. Absolutely. I've tried all these drugs personally myself. I would find GHB probably the most dangerous, it's so hard to regulate. You have one cap, it's poured into an Avian bottle, you pour a cap in or you drink it by itself or put it into juice to cover up the taste, which is extremely——

Chairman HATCH. You sound extremely intelligent.

ANONYMOUS PERSON. I'm not—I'm a little bit older than you had thought. I'm 25 years old so I've been around. I've worked in the club scene for 5 years as a bouncer, promoter and operations manager in other States, and have been here recently, in California and in New York. So I've had a pretty good reference point of what's going on, and I see Utah and we have a really interesting opportunity here where it's kind of just hitting now in the last half year to a year, the rave scene has really excelled here, started to take off. And if we were all to become informed and combat this intelligently, it would definitely—we'd be able to get rid of it or control it before it's out of control. Los Angeles is out of control. Ecstasy is everywhere. People don't even drink, there are clubs now that don't even sell beer.

Chairman HATCH. Is that right?

ANONYMOUS PERSON. Yeah.

Chairman HATCH. How long ago did you start using these drugs?

ANONYMOUS PERSON. Probably 4 years ago, sir, due to my involvement in the night club scene, just going out and you start just becoming desensitized to the fact that, you know, drugs are used.

Chairman HATCH. How does it effect you today, are you using them still?

ANONYMOUS PERSON. Sir, I'm not using them today, very happy that I can attest. And I was deeply moved by the mother who was speaking about amphetamine addiction, and I wrote several rebuttals to different things I've heard and different ways that have effected my life. And I really believe there's no rehabilitation for amphetamine, it's habituation can be curbed, but the addiction will never be cured. And so that's scary. We need to reach these children before they're actually addicted, and that's to the DARE program. I feel that we need—just saying no is not enough. Why should I say no? I mean, we need to respect one another by offering explanations and reasonings for abstinence from drug use. Our kids are small, you know, back in the 1950's possibly kids would just obey their parents. But it's a difficult culture, it's a negative thing, but it's never too late. We need to inform our children what these drugs specifically do. They need to know if they take GHB this, this and this will happen. They need to know bout Special K, that it is not just—it's—Special K is just a word for Ketamine. That's a cat tranquilizer that's used by vets on a cat, you know.

Chairman HATCH. Tell me what caused you to change.

ANONYMOUS PERSON. I just found my life deteriorating. Methamphetamine is so addicting and the feeling of euphoria brought about by that drug and GHB is—it's fun, basically, it is just fun and it feels good at first. But as you delve into the use and use

more and more, the fun fades away and you just keep going after this feeling, this euphoric feeling, this up, talkative feeling.

And that's what these partiers are doing, going to clubs and using these drugs and they're taking nine to ten pallets sometimes, but you know, that's very, very dangerous with MDMA and Ecstasy. Each tablet is 100 to 150 milligrams of MDMA. MDMA is fatal at 1,000 milligrams. If you're taking nine to ten you're risking your life and not even knowing it, because these pills, like the gentleman said, they're packaged in such a way to make them look like candy, they're colored pink, green, whatever. They're pressed with Nike swishes.

Chairman HATCH. In your opinion do these young people know the danger they face from these drugs? What are some of the—if they do, what is some of the—what are some of the risky behaviors that you've observed?

ANONYMOUS PERSON. Basically the most risky in my opinion is GHB and just the uses involved with that. Let me just breakdown the scenario, how it all works. I think if we have a working knowledge of these drugs then we can understand them and then in turn through understanding, law enforcement can combat them. So can parents. Parents need to understand.

GHB, you take and picture an Avian bottle, a clear solution, saline solution of GHB. You pour out a cap full and you mix it with a liquid or just shoot it, just like a shot, throw it back. To start, then they use more. Take two grams as initial dose, you drink that, then maybe in half hour, 45 minutes you think about taking more. But as a club goer, a person used to drinking alcohol, they drink consistently, drink more and more drinks, so a user of GHB will continue to want to drink more and more, their habituation, you know.

Chairman HATCH. How do the parents know what a club is, I mean, tell——

ANONYMOUS PERSON. Pardon me?

Chairman HATCH. Where are these clubs, how do you know what the club is?

ANONYMOUS PERSON. A night club?

Chairman HATCH. Yeah.

ANONYMOUS PERSON. Most of them are found in downtown Salt Lake. The two biggest would be Briggs and Axis, those two are both clubs. Those two clubs both have an 18 and up area where underage children can come and party until, you know, the wee hours of the evening. And the 18 is not something that parents can really feel safe about. If your child is under 18 they'll still get in. If you say you forget your ID and you look like you're over 12, the bouncer will let you in. Very possible. It happens every night. I see it at work.

Chairman HATCH. Where do the rave parties occur?

ANONYMOUS PERSON. Rave parties will be held probably in more remote local due to their legality. If you don't have a permit your party can be busted, and the promoter makes more money by the party lasting longer, several days. There was just one last holiday weekend that went 2 days in Ogden Canyon, you know.

Chairman HATCH. There was a rave party in Ogden Canyon for 2 days?

ANONYMOUS PERSON. Yes, sir, because of the Fourth of July holiday.

Chairman HATCH. You've been very helpful, I'm telling you——

ANONYMOUS PERSON. Thank you. I just wanted to thank you for this opportunity to share my knowledge about the night club scene and that culture infatuated with drug use.

Chairman HATCH. Do these kids know that they're likely to be using this stuff?

ANONYMOUS PERSON. I think that the whole thing is just kind of in culturation as kids, you know, they turn 18, they start going to night clubs, maybe their friends go. They turn 21 and they go to the bar area, start drinking. As soon as they start drinking they realize people are doing other things, there's something else out there besides alcohol. They might try the drug. Drugs are fun, sir, initially. Amphetamine speeds up—it speeds up everything, just makes it more fun, initially, and that's where addiction comes.

Chairman HATCH. Thank you. I appreciate it, you've added a lot to this hearing today.

ANONYMOUS PERSON. You're very welcome.

Chairman HATCH. I've been told Patrick Flemming sent us advice that the average treatment time needed is 18 months. The cost is $8,000 for rehabilitation, and after care treatment is extremely necessary in these areas with regard to methamphetamine. And interesting to note that the number one meth users are women ages 18 to 25, according to this resource.

Dr. Welch, is that consistent with what you believe?

Dr. WELCH. Yes. Sometimes I think they'll start out for other reasons, I've seen young girls do it to keep their weight down, start using crystal meth and fall into it more and more heavily.

Chairman HATCH. I understand in recent months you've put a half a dozen people under the age of 20 on respirators to prevent death by GHB overdose. Could you please explain why people who take GHB can respond so differently to slight differences in strength of doses, and in your answer please tell us what the phrase "narrow therapeutic range" means and why young people experimenting with GHB should understand that phrase.

ANONYMOUS PERSON. Narrow therapeutic range will use that medicine we're talking about, a drug that the amount needed to go from the desired effect to a toxic effect is very, very small, and that's exactly the case with GHB. A half a teaspoon, you're dancing, euphoric, having a good time. A whole teaspoon and you're not breathing. That drug is comparable to like coumadin, which is a blood thinner. If you have any elderly family members on these drugs you know that they go to the doctor regularly for drug testing and drug levels to make sure we don't get them toxic. If this was a prescribed drug we would be following it very, very closely because it's that dangerous.

Chairman HATCH. I see. Now also just so we understand, these young kids you have differing physical anatomies, and what may be safe for one young person may not be safe for another. Am I getting that right?

Dr. WELCH. That's exactly right.

Chairman HATCH. So you can't be sure?

Dr. WELCH. It's not pure. Take a little bottle—I've actually seen kids carrying small mouthwash and small shampoo bottles with the liquid in it, they take a swig. One person's swig is not the same as another's, and very different effects based on body weight.

Chairman HATCH. What may be somewhat safe for one person may be life threatening to another.

Dr. WELCH. Right. And don't forget——

Chairman HATCH. You didn't tell——

Dr. WELCH [continuing]. They're often mixing it with a smorgasbord. We know nationwide 40 percent of the time alcohol is co-ingested. Another 25 percent of the time other harder drugs like amphetamine and cocaine are also ingested. All of these things strengthen GHB. Every single one down the line strengthens the potency of GHB, and so although you should wake up from an overdose, even the worst overdose, we have to put a respirator on. Statistics are being quoted roughly 5 hours you should be awake. We have one young girl that intubated in the ER at LDS and stayed on the respirator for 13 hours because she co-ingested other things.

Chairman HATCH. Is it true there's no antedote for GHB?

Dr. WELCH. That's the other big problem with it. As you may know we have antidote for heroin overdose, I have something to treat you. If you take a sedative overdose, I have an antidote to treat you. GHB there is none.

Chairman HATCH. Let me turn now to Ms. Taylor. I know we've run out of time, but this is a particularly important panel as well, and to your knowledge has an increase in rave parties accompanying club drugs, have they had an impact on student performances in school?

Ms. TAYLOR. You know, that's difficult for us to figure out for sure. As we start putting some of this information together today the schools had already let out for the summer, but back to those folks who work with drug prevention and so on, not many parents know kids participate in some of these drugs. Parents don't call up and say my kid was on GHB last night, he's not coming to school.

But I think more awareness if parents could understand, you know, some side effects and so on, he's got the flu or something, he's been on GHB, I think that's part of that awareness in that information that we have to get out to parents so that they will know the differences and so on. We don't, you know, so involved we can't——

Chairman HATCH. Mrs. Bigelow describes——

Ms. TAYLOR. Very well.

Chairman HATCH [continuing]. Methamphetamine pretty well.

Ms. TAYLOR. I thought she did too.

Chairman HATCH. Let me go to Mr. Allred, and you might think about this as well, Ms. Taylor, and of course Dr. Welch. Do you think increasing the awareness of club drugs might entice more young people to use them or try them, or are the dangers so great and the problem so vast that this is not an issue?

Mr. ALLRED. I believe the danger is so great that that's not an issue.

Chairman HATCH. It's good to inform people about these things, get them so they realize?

Mr. ALLRED. I believe in education we need to inform the kids of the consequences of these chemicals, what can happen to them, so forth and so on. One of the things that really bothers me as a prevention person are substance abuse people saying, well, if you tell my kid about meth they'll go out and try it, I believe kids going from just hearing about it there's already something in place that's wrong, and we need to look at that at an earlier stage.

Chairman HATCH. You mentioned in your written testimony those drug networks have amazing communication systems in place. Could you give us just a little more detail on the nature of this network and networking on our school grounds, to your knowledge?

Mr. ALLRED. Absolutely. That's where the kids meet, that's where they're all together.

Chairman HATCH. Tell us what the teachers and parents should be aware of.

Mr. ALLRED. Yes. If they're organizing a rave, like the young man talked about, they network and all of the kids know when and where it is. We don't. So that's an example of their networking.

I sent a couple examples of web pages to your staff that was giving instructions on how to take Coricidin. The young man describing it started out by taking four milligrams at first. If that doesn't get you where you want to go, then try four more, and then increase it by doses of four until you get what you want. And he said, I've taken up to 16 at a time and that's a perfect high for me. And that's over the Internet.

So they're networking through several methods. I think technology has its pluses and its minuses, and this is one of the down sides of technology, is it's given the kids a tool to network and pass on information that's not healthy for them.

Chairman HATCH. You know, as somebody who has authored the Hatch Drug Prohibition Act I've worked with biochemical companies, I've worked with pharmaceutical companies, I've worked with the—really that legislation created the generic drug industry, the modern generic drug industry in the country. I've spent a lot of time on all of those issues. People don't realize that even with truly improved pharmaceuticals there are dangers. Imagine what it's like to be experiencing with these type of drugs we've been discussing here today.

Chairman HATCH. Also you're talking dosages, if you're getting a chemical that's homemade the dosage is inconsistent, you don't know how strong the GHB you're taking is. Depends how somebody made it, whether I made it using a good recipe or a bad recipe.

Chairman HATCH. This is an actual lab, methamphetamine lab. Look how filthy it is, and as we mentioned, it's an absolute bomb ready to go off, it's toxic, it's environmentally destructive, it's carcinogenic. Kids don't know that and yet in 15 minutes over the net you can learn how to do it.

Mr. ALLRED. The small children we were talking about are testing positive for methamphetamine. That's just breathing it in from the air. They're not actually taking the drug, they're just exposed to it.

Chairman HATCH. Let me ask our anonymous witness just one more question. He left? OK. I guess we won't get any more advice from him.

That was pretty astounding when you stop to think. He indicated he had taken meth and how it feels, but he said it's never going to leave, the desire for it, is that your experience?

Mr. ALLRED. Absolutely. We've determined that addiction is a disease and it's a chronic disease. You have it until death. We can arrest it through treatments and we're quite successful at that now days if it's a good treatment program.

I didn't want to bring this up but I'm going to. The DARE situation came up and with Mayor Anderson's comments in the Deseret News talked about the Salt Lake City Police Department had four DARE officers and the budget's $270,000 a year for them. My entire youth treatment budget is less than that for Utah County. I have an issue with that. I need funds.

Chairman HATCH. We've got to change that. We've got to get more help to you, it's just that simple. The methamphetamine bill that I've got through the Senate unanimously hasn't gone through the House yet, has more money in it, so does the Juvenile Justice Bill, it had a billion dollars in it for rehabilitation, and you know, for treatments. So we—what we've got to do is get some of these things through. And I have to say that the original Juvenile Justice Bill, this has very little to do about guns, it really would have made a difference, but they've succeeded in making it a gun bill. Next thing you know we can't get anything passed, can't get either side together to get it done.

Mr. ALLRED. If I may add one more comment, Senator, I've heard Mr. McCaufrey speak on several occasions, he's made the very scary statement that they are going to make the funds available to the communities that show the greatest need. Now, I've talked about Utah has the lowest rate of incidents in the country, Utah County the lowest in the State. If he follows through with that plan he is going to punish us for doing a good job and we're going to lose prevention dollars in Utah because we can't prove the need.

Chairman HATCH. Of course we need to do it where the major problems are, but I think we can't ignore problems anywhere.

Doctor, I want to thank you, all three of you, but I particularly wanted to thank you for your cogent scientific explanation here, they've been very important to us and you're right on the spot working with these kids and working with these problems.

I just hope that the media in this State, they don't have to mention this hearing, I hope they'll get these ideas that you folks have been telling us about out there so parents will start to realize that, you know, the fast paced modern world we've got open to influence and so much opportunity to do wrong that they got to be watching out for their kids, just that simple. And then of course there are a lot of kids who don't have both parents which adds to the problem, and there are a lot of parents who aren't doing what they should as parents.

So let me just end with this: I want to express my appreciation to our witnesses for taking the time to be here and share their insights with us today. I certainly learned a lot and I hope everyone who was able to come today did as well.

I think clearly when we think about the things that could adversely effect our young people's health as well as their ability to learn and to make good choices, drug abuse and the health and learning problems that go with it rank pretty darn high on the list.

We have already seen the tragic ramifications of gang activity, cocaine, crack, and other drugs. According to the experts we've heard today, we can now add these so-called club drugs to the growing list of threats to our children, to our kids.

And we will leave the record open until July 21 for any additional questions from members of the Judiciary Committee or for additional statements from Utah's elected officials, educational, medical, or law enforcement communities. And I would like to invite all of you to submit short statements as well, any who desire to. I also hope to include a limited number in the hearing record. Since such statements may contribute a constructive suggestion for action, a personal experience, or additional facts concerning the perils facing Utah's youth.

I believe that continuing dialogue on these issues is essential if we are to develop strong alliances in the battle for our children's futures. Establishing this dialogue is one of the principal reasons for holding this committee hearing today. And when it comes to drug abuse all of us, in every level of government, education, public health, law enforcement, and in the community at large, have key roles to play.

Yet, this is not a problem that can be or will be solved overnight. It's certainly not a problem the Federal Government can solve by itself or with the one-size-fits-all approach. I don't think the Federal Government should even try to do that. I believe that the people who know best and care most about our young people are right here in Utah, and with all due respect, no bureaucrat at HHS or agent at the DEA is going to care as much as we do about the future of our own sons and daughters, although they do care.

I intend to do my part and look forward to working with my fellow Utahns on effective ways not only to put the dealers and pushers out of business, but also to help make sure that our young people are aware of the dangers of using these drugs.

And again, I'd like to thank you, everyone who attended this hearing, for being here. I welcome all of your insights and suggestions for ways we can work together to win this battle.

Now for the record, I'm submitting the testimony prepared by Steve Branch of the Immigration and Nationalization Service, a videotape on methamphetamine created by the Health and Sanity Partnership. This videotape is entitled, Your Kid May Have a Secret, is available from Alta View Hospital in Sandy.

Now, if people want to stay for a few minutes, I believe some of the DEA agents have agreed to explain how the meth lab here set up to my right operates, and so with that I would like to thank you all for being here and attending today's hearing. I think it's been a very good hearing, I hope you've all learned a lot. I hope you will get this videotape, a lot of you may want to get a hold of and watch this, this really is a very good thing.

Thank you for being here, we appreciate it. With that we'll recess until further notice.

[Whereupon, at 3:40 p.m., the committee adjourned.]

EMERGING DRUG THREATS AND PERILS FACING UTAH'S YOUTH

FRIDAY, JULY 7, 2000

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
Cedar City, UT.

The committee met, pursuant to notice, at 2:00 p.m., at Southern Utah Univerty, 351 West Center, Cedar City, UT, Hon. Orrin G. Hatch (chairman of the committee) presiding.

OPENING STATEMENT OF HON. ORRIN G. HATCH, A U.S. SENATOR FROM THE STATE OF UTAH

Chairman HATCH. If we could have you all come to attention, I'm going to move this up a little closer.

We'll begin our hearing today. This is an important hearing, so I'm going to say good afternoon and welcome to this hearing of the Senate full Judiciary Committee. I'm holding these hearings both here and in Salt Lake to examine the existing and emerging threats posed by illicit drugs to Utah's young people. Our rural youth have not escaped the effects of such perils, and that is why I especially wanted to hold this meeting here in Cedar City.

And I'm pleased to see so many people here who are committed, as am I, to focusing attention, as well as educational and law enforcement resources on combatting this problem.

The goal of today's hearing is to begin a public dialogue on how we can work together to combat the too-little-known dangers of a growing substance abuse problem in our community.

Some Utahns have heard of methamphetamine. We know that meth is a horrible drug and that the labs where it is manufactured are producing tremendous toxic chemicals that pose risks to whole neighborhoods. Meth's association with criminal gangs is also well known. The cycle of drug abuse and gang violence is readily apparent to our fellow Utahns. To deal with our gang problem, we must also deal with our drug problem.

Fewer, however, are aware meth is just one of the so called, "club drugs," that are beginning to attract a whole new group of young people in Utah. These drugs known as club drugs include methamphetamine, Ecstasy, GHB, and Rohipnol, and are often used at parties or nightclubs.

The symptoms of this club drug use are showing up everywhere. Utah's emergency rooms, police departments, schools, and rape crisis centers have experienced increases in reported cases and the tragic consequences of drug club use or club drug use.

Utah's Rape Recovery Center, for example, has received reports of 40 rapes so far this year that are specified—or, excuse me, that are suspected to involve the club drug called GHB. That figure represents 35 percent of rapes reported to the center this year. Meanwhile, last year 7.3 percent of Utah high school students reported having used methamphetamine at least once, and, according to the Drug Enforcement Agency—the DEA—law enforcement authorities seized 266 meth labs in Utah in 1999.

A special danger inherent in these drugs is the fact that many users of club drugs would not consider taking cocaine, LSD, heroin, or marijuana drugs that are perceived by them to be more dangerous, although the opposite is the case. But because of misinformation about the risks, these young people knowingly ingest such substances as GHB, the so called date rape drug, and are experiencing the problems associated with illicit drugs abuse, including overdose addiction, amnesia, sexual assault, and permanent brain damage.

The lack of public awareness about club drugs is luring a whole new population of Utah's young people into the horrible consequences of illicit drug use. For instance, we found that in one case they were allowing kids with CTR rings on to get into the club at half price. And these kids thought because there was no liquor served on the premises that this was going to be a nice family type of thing.

Now, methamphetamine is a powerfully addictive stimulant that produces increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. It can cause convulsions and can result in death.

Ecstasy is a synthetic mind-altering drug with amphetamine-like and hallucinogenic properties. Ecstasy has no accepted medical use, and it causes health problems similar to those caused by the use of amphetamines and cocaine. Psychological difficulties including confusion, depression, sleep problems, drug cravings, severe anxiety, and paranoia. These effects may continue weeks later. Ecstasy users have also died from acute dehydration.

GHB and Rohipnol are predominantly central nervous system depressants. Because they are common colorless, tasteless, and odorless, they can be easily added to beverages and ingested unknowingly, causing sedation, often rendering the victims, usually a young woman, helpless. They have become notorious for their use in crimes, particularly rape, because these drugs produce amnesia, making it very difficult to arrest and convict any perpetrator.

The novelty, and that means in some cases petty rapists, in these drugs is undoubtedly one reason for the recent surge in their use. Because these drugs are relatively new, young people may not perceive that taking them is unsafe; rather, they believe that their reported adverse effects are rare or exaggerated, and that such reactions could never affect them personally.

As is so often the case, when a newer drug arrives on the scene, young people hear much more about its so-called benefits than about its potential harms. Young people are attracted to the seemingly increased stamina and intoxicating highs these drugs purport to offer. As Utahns, we all need to understand that using these

drugs can have serious, and potentially deadly, consequences. So we need to work on solving these problems.

Over the last several years we have worked hard to obtain more resources for local law enforcement in Utah. The formation of the Rocky Mountain HIDTA, that's called High Intensity Drug Trafficking Area, for example, has brought additional DEA resources to Utah to stop trafficking and to close down these labs. Just this week a new DEA office in Utah was opened.

Additionally, Congress enacted the Methamphetamine Control Act, which I sponsored, to toughen meth penalties and place greater restrictions on the chemicals from which meth is created and made. This important law has allowed the DEA and other law enforcement entities to stop large quantities of precursor chemicals from being purchased in the United States for the use in manufacturing methamphetamine in Utah and elsewhere.

In our further effort to combat meth, we have also passed the Methamphetamine Trafficking Penalty Enforcement Act and my other bill, the Methamphetamine Anti-Proliferation Act of 1999. The latter bill, which passed the Senate unanimously last November, in addition to helping local law enforcement, contains several significant prevention and treatment provisions. We simply cannot just punish our way out of this problem.

And, finally, we have enacted the Hillory J. Farias and Samantha Reid Date-Rape Drug Prohibition Act of 2000. This law, named for two victims of date rape, officially recognizes the harm caused by GHB and designates it specifically as a controlled substance.

We have also worked to bring more Federal prosecutors and INS officers to Utah to facilitate action against those who are corrupting and endangering our youth.

It is important that we all work together to respond to this new peril confronting our young people. The Federal Government can support State and local efforts, but it cannot be a substitute to those loving and dedicated parents, teachers, coaches, physicians, counselors, religious leaders, and police officers who serve daily on the front lines in the war against these life-threatening and life-ruining dangers facing our children and our grandchildren.

We need to educate ourselves about these dangers, gangs, teen pregnancy, teen suicide, drugs, and now club drugs, so that we can better teach and guide our children and our young people. We love them and that's why we should do this.

And, as your Senator and Chairman of the Judiciary Committee, I want to hear first hand from Utahns who have observed the impact from these drugs in our State. That's why I scheduled these hearings in Utah.

And we have two panels of distinguished witnesses to testify about the work they are doing to reduce the threat posed by these drugs to our young people. So I want to welcome our witnesses and extend our appreciation to them for being here today. I look forward to their testimony.

Now, some of the leaders that we are very happy to have in our audience are Representative Steve Bennion, the president of the university here and an old time friend and wonderful leader. And

State Representative Bob Owen. Bob, where are you? Right there. Great.

We've got Commissioner Lewis Bowen. Commissioner Bowen. Lois. Why am I saying Lewis? Lois Bullock. Good to have you here. Joe Greene, district director of the INS, we are really honored to have you here. Gary Davis of the school board. Gary, good to have you here. Glen Halterman, the mayor of Parowan right here. There he is right there. Patricia Sheffield of the Western County Children's Justice Center, we're happy to have you here as well.

[The prepared statement of Mr. Greene follows:]

PREPARED STATEMENT OF JOSEPH R. GREENE, DISTRICT DIRECTOR, U.S. IMMIGRATION AND NATURALIZATION SERVICE, DEPARTMENT OF JUSTICE

Mr. Chairman, it is an honor and a pleasure to address you today on the subject of the INS support of narcotics enforcement efforts in Utah. My name is Joseph R. Greene, and I am the District Director for the Denver District Office of the Immigration and Naturalization Service. The Denver District is responsible for the states of Colorado, Utah and Wyoming.

As you know, Mr. Chairman, the Salt Lake City Office of the INS has been deeply engaged in addressing the problem of criminal aliens in Utah. Our office has also consistently supported narcotics enforcement efforts in the state. For over a decade, INS has participated in the Organized Crime Drug Enforcement Task Force (OCDETF) in Salt Lake City. In addition, INS is a member of the Salt Lake City Pioneer Park Drug Task Force and the Pioneer Park bicycle patrol, whose efforts have led to a significant reduction in street-level narcotics dealing in Pioneer Park. We also participate with other local law enforcement agencies in the Salt Lake City Community Oriented Policing (COPS) Methanphetamine initiative.

You will recall in 1997 that you convened the Crime Summit in Salt Lake City, which was attended by the Attorney General and the Commissioner of the Immigration and Naturalization Service, Doris Meissner. In 1998, Mark Reed, the Regional Director for the Central Region with jurisdiction over Denver and Salt Lake City, testified before the House Subcommittee on Immigration and Claims in Salt Lake City regarding the ongoing efforts of the INS against criminal aliens in Utah. I am proud to report today that our efforts have proven to be more effective since the Regional Director's testimony.

IDENTIFICATION AND APPREHENSION OF CRIMINAL ALIENS

In fiscal year 1997, the Salt Lake City INS office apprehended a total of 810 criminal aliens. In July, 1998, Mr. Reed reported that the Salt Lake City office would likely exceed 1,200 criminal alien apprehensions during that fiscal year. In fact, during fiscal year 1998, this office apprehended 1,213 criminal aliens. In fiscal year 1999, the total was 1,017. As of June, which ends the Third Quarter of fiscal year 2000, a total of 954 criminal aliens have been apprehended. At the current pace, the Salt Lake City office will likely exceed 1,200 apprehensions this fiscal year.

DETENTION AND REMOVALS OF CRIMINAL ALIENS

Since 1998, the INS has significantly increased its detention capabilities in the State of Utah. We have added detention space in Summit and Washington County jails and have access to detention space in the new Davis County facility. At present, we have 130 detention beds available, representing an increase of more than double the capability we reported in 1998.

We remain convinced, however, that detention should be as brief as possible to allow resources to be better spent in other areas of the removal process. We have increased our transportation capabilities so that criminal aliens can be removed from Utah by a variety of means. The Justice Prisoner and Alien Transportation Service (JPATS) now flies into Salt Lake City once a week to remove criminal aliens from local detention. In addition, we remove criminal aliens using JPATS out of Las Vegas, Nevada, or by overland transportation to Denver, Colorado or El Centro, California. We are currently transporting criminal aliens on an average of five times a week using one or more of these transportation options. The average length of time a criminal alien spends in INS detention in Utah is three days.

DETERRENCE

Without meaningful deterrence, criminal aliens will be able to reestablish themselves in our communities and continue their unlawful activities. Since 1997, this office has worked closely with the United States Attorney's Office to establish and maintain a comprehensive prosecutions program directed against criminal aliens who have been deported and have reentered the United States illegally. I have attached to the written copy of this testimony a graph which shows the marked increase in prosecutions as a result of our joint efforts. I am sure that the United States Attorney will address this program in greater detail in his testimony.

I would only comment on one aspect which these data illustrate. You will notice that monthly prosecutions peaked in calendar year 1998. During that year, the United States Attorney's Office indicted 313 criminal aliens under federal immigration laws. In the subsequent year, the total number of indictments was 251. In the first half of calendar year 2000, 126 criminal aliens were indicted, which puts us on a pace to slightly exceed last year's total. There is some evidence in these numbers that some criminal aliens are either not returning to the United States after deportation, or at least are not returning to Utah. While the goal has certainly not yet been achieved, we believe there are grounds for cautious optimism that the deterrence program is working in Utah.

QUICK RESPONSE TEAMS

As you know, Mr. Chairman, language in the 1999 Appropriation Law authorized the creation of INS Quick Response Teams (QRTs) in eleven states, including Utah. We now have Special Agents and Detention Enforcement Officers in Ogden, Provo and St. George, in addition to our law enforcement presence in Salt Lake City. Our presence in southern Utah fills a significant demand from local law enforcement agencies in that area for INS support. While we believe it is still too early to evaluate the performance and effect of the St. George QRT, I am pleased to report that since October, 1999, that office has arrested 791 smuggled aliens destined to the interior of the United States, including a number of criminal aliens destined for Salt Lake City. In addition, in the last nine months, our agents in the QRT locations have responded to 714 requests for assistance from local law enforcement agencies and have presented 44 cases for prosecution.

For the long term, we believe that the additional personnel we have received in Utah will permit us to build upon the current success by allowing us to support narcotics enforcement efforts more effectively. We are currently planning with local law enforcement agencies to support drug enforcement taskforces. Our role will be to target those criminal aliens involved in this activity and to ensure their apprehension, detention and deportation, as well as criminal prosecution for reentry where appropriate.

CONCLUSION

In conclusion, let me reaffirm the commitment of the Denver District and the Salt Lake City Office to support narcotics enforcement efforts in the State of Utah. I want to thank you, Mr. Chairman, for asking me to testify today, and for the support of INS law enforcement efforts you have shown us in the past, I will now be happy to answer any questions.

Chairman HATCH. Well, let's move the panel in. I would like to introduce our first panel of witnesses. This panel will discuss what is being done to address the illegal drug problem in this area and ideas for solutions. First I'd like to welcome Paul Warner, who is our U.S. attorney for Utah. Mr. Warner and his representatives have prosecuted drug cases, gang crimes and criminal re-entry cases and is a significant reason why recent statistics show decreases in crime rates in our State.

Next we'll hear from Don Mendrala. Don is the assistant special agent in charge of the Drug Enforcement Administration in Utah. These guys are really heroic figures; they really risk their lives for us. And Mr. Mendrala leads the front line DEA agents who are trying every day to reduce the trafficking and use of methamphetamine and other illegal drugs into our State.

We're also very pleased to have our own Scott Burns, who is here today, as one of the Iron County attorneys who has a distinguished record of prosecuting those who violate drug laws in Iron County. There is no better prosecutor in the State, and we're very fortunate that you take time to be here with us.

Next we'll be pleased to hear from Captain Russell Peck, who's a great guy, from the St. George Police Department. Captain Peck works not only on drug crimes in the State, but he's also worked on crimes that are drug related or caused by drugs. We commend your efforts and are pleased to have you here to share your perspective with us today.

So we're happy to welcome you all to our hearing, it is entitled "Emerging Drug Threats and Perils Facing Utah's Youth." And we'll turn to you, Mr. Warner, and take your testimony first.

PANEL CONSISTING OF PAUL M. WARNER, U.S. ATTORNEY FOR THE DISTRICT OF UT; DON MENDRALA, ASSISTANT SPECIAL AGENT IN CHARGE, DRUG ENFORCEMENT ADMINISTRATION, UTAH; SCOTT BURNS, IRON COUNTY ATTORNEY; CAPTAIN RUSSELL PECK, ST. GEORGE POLICE DEPARTMENT

STATEMENT OF PAUL M. WARNER

Mr. WARNER. Good afternoon, Mr. Chairman, and thank you very much for the kind introduction. I have the honor of being the U.S. attorney for the District of Utah, and I greatly appreciate the opportunity of being here and testifying today.

And with your permission, Mr. Chairman, I would merely surmise my major points today and, as I understand, the committee has received my entire statement, and I would ask that that be made part of the record.

Chairman HATCH. Without objection we'll make it part of the record.

Mr. WARNER. Thank you. Before I begin my more specific remarks, Mr. Chairman, I'd like to on behalf of all law enforcement in Utah to compliment you on your great efforts on behalf of law enforcement, not only here in the State but throughout the country, and for your leadership in the Judiciary Committee in terms of providing resources to law enforcement and the Department of Justice in enabling us to do our jobs much better because of those efforts.

Chairman HATCH. Well, thank you.

Mr. WARNER. The focus of today's hearing, of course, is the drug problem here in Utah. Club drugs such as Ecstasy, GHB and others, although not perhaps reaching the attention that methamphetamine has recently in our State, are certainly becoming an increasing problem. Approximately 10 years ago I had the opportunity, if you want to call it that, of prosecuting perhaps the first Ecstasy case in the State. It involved a young man who was manufacturing Ecstasy and then trading it to support his cocaine habit. At that time such a case was a rarity, and unfortunately we can no longer say that today. The problem is real and it seems to be getting worse.

We recently filed an importation case, an Ecstasy case, involving hundreds of thousands of tablets of Ecstasy that was being im-

ported from Europe to the State of Utah using commercial private carriers such as Federal Express, DHL and UPS.

This is not the only case we dealt with. There was a seizure here in Southern Utah by the highway patrol, it's currently under review for Federal charges, which clearly indicated that Ecstasy was headed for distribution here in our own State.

Now, the target group for this terrible and powerful drug is the youth of our State, ages 16 to 25. Unfortunately, because of the nature of our people in Utah, we perhaps are more susceptible to a drug like Ecstasy because we accept the mistaken idea that it is a so-called safe drug or clean drug. According to reality, it is neither.

We intend in my office to continue to aggressively work with State and local officials, of course our DEA, to do all in our power to combat these club drugs.

I'd like to talk about methamphetamine for just a minute because that is truly an epidemic problem in the State of Utah and throughout the west, beginning to be throughout the entire United States. In my 25 years of experience as a prosecutor, in my estimate, methamphetamine is the top threat to public safety in our State today.

There are two components to the methamphetamine problem in Utah, the first being the home-grown variety or the clandestine labs. As you correctly commented in your opening remarks, Mr. Chairman, there were 266 clandestine labs taken down last year in 1999 in our State. Unfortunately, we are on a similar pace this year, having taken down over 178 labs so far. These labs present a great threat to our public safety, not only because of the methamphetamine that they manufacture, but because often we find, or as we find, that when the DEA agents and other law enforcement agencies enter these labs they find minor children in these labs that are literally crawling about the paper—excuse me, the glass works and other chemicals, such as illustrated on your table over on the other side of the room, and as such, many very heart-rendering stories about the total status of these children who are neglected and abused in these meth lab environments.

The other aspect of our meth problem in Utah is the second component is what I call our Mexican meth. Mexican meth evolves from large commercial labs in Mexico and Southern California. It works its way here to Utah via network of criminal aliens and others who bring that meth to Utah for shipment throughout the United States because of our borders of I–15, I–70 and I–80. This methamphetamine, unfortunately, doesn't always leave the State. Much of it is left right here in Utah to be distributed to our own citizens.

We have seen a dramatic increase in our office in meth cases in the last 5 years. When I first came to the U.S. attorney's office over 10 years ago, cocaine was clearly the drug of choice. It was clearly the drug that we saw in most of our drug cases. Now, I would estimate that over 90 percent of our cases, drug cases, involve methamphetamine.

We have tried to use the resources that through your efforts and the efforts of the Department of Justice have been given to us, we've increased our drug section in terms of numbers of prosecu-

tors and, accordingly, the number of drug prosecutions are on the rise. Unfortunately, there seems to be no lack of cases to prosecute.

One of the aspects of dealing with the meth problem in our State, Senator, is to deal with this criminal alien problem. I want to emphasize that they're not the sole problem here or the sole factor, and I also want to emphasize that we're not talking about law-abiding citizens or members of the Hispanic communities; we're talking about people who come to this country, who make a sole living of a criminal livelihood. Through your efforts, Senator, the Federal prosecutors, and a number of INS agents dramatically in the last few years, through those efforts we have prosecuted close to 1,000 criminal aliens that have been involved in drug trafficking in our State, and that's 1,000 criminal aliens who are still in Federal prisons because of the substantial sentences that they received without any parole, and they are no longer on the streets distributing their methamphetamine.

A second factor, another part of the problem that we've been trying to address, is that of guns. As the committee is well aware, there's been a great debate about gun control in our country, but there could be no debate about the fact that felons who use guns in crime have no business possessing those guns and they should be aggressively prosecuted. And we've been pursuing those people, particularly those who have been involved in drug trafficking when we find a gun on them, and we have opened a special project called CUFF, the Criminal Use of Firearms by Felons. We have put some new resources into that project, two new prosecutors. I'm happy to report that we filed over 80 cases this year.

Chairman HATCH. Is that number 80?

Mr. WARNER. Over 80.

Chairman HATCH. I've been pushing the administration for a gun project that came out of a project in Virginia that really became a very, very effective project where the Federal prosecutors working in collaboration with the local prosecutors were able to make a real dent.

One of my criticisms of this administration they all want to make gun control laws, they're not enforcing over 20,000 laws that are on the books today. That's where I have my difficulty there. You're citing that if we enforce those laws we don't have those guns.

Mr. WARNER. Exactly. And I would like to make a point, Senator, at least one U.S. Senator hears what you're saying loud and clear.

Chairman HATCH. And that is a increasing number, in spite of these efforts.

Mr. WARNER. Indeed there are. I'm happy to report that U.S. attorneys around the country are beginning to aggressively pursue the Federal gun laws that we have on the books, and hopefully will make a difference, not only in the area of gun violence, but also in the area of drugs and drug distribution.

Chairman HATCH. It will and will also protect the decent law-abiding gun owners.

Mr. WARNER. Absolutely. And I want to emphasize that we have no interest in prosecuting law-abiding citizens who want to exercise their right to keep and bear arms. This has nothing to do with those folks. This has everything to do with felons who are criminals and who are involved in violent crime and drug trafficking.

Let me conclude today, Senator, by simply indicating that we are appreciative of your leadership and all that you do to provide us the resources to combat this scourge, this plague of drugs, and particularly methamphetamine, and the club drugs that are addicting the youth in our State. I pledge to you that we will continue to use our resources and our best efforts to combat this, and as we receive additional resources, they will be put to use in this battle.

Thank you very much, and I'll be happy to answer any questions from the committee.

[The prepared statement of Mr. Warner follows:]

PREPARED STATEMENT OF PAUL M. WARNER

Good morning, Mr. Chairman [and Members of the Committee]. And thank you, [Chairman Hatch] for that kind introduction. I have the honor of being the United States Attorney for the District of Utah, and I greatly appreciate the opportunity to testify before the Committee on the critical problem of drugs and related crime in Utah.

With your permission, Mr. Chairman, I will summarize the major points I would like the Committee to understand, and I request that my entire statement be made a part of the record.

Before I begin my more specific remarks on the drug crime problems in Utah, permit me to say, Senator Hatch, that I believe that few people serving in Washington are as well attuned to this issue as you are, and that few have done as much as you to address it. That support is needed and appreciated by law enforcement here in Utah, and I believe around the country.

One focus of today's hearing is the explosion of so-called "club drugs"—Ecstasy, GHB, and others. About ten years ago, I had the opportunity to prosecute what may have been the first Ecstasy case in Utah. It involved a young man who was manufacturing Ecstasy, and selling it to support his cocaine habit. At the time, the case was a rarity, and even today, we are fortunate that these club drugs have not yet emerged as strongly as they have in other areas of the country.

Still, the problem is real, and poised to get worse. For instance, my office is prosecuting an Ecstasy importation scheme involving a significant quantity of the drug, which would have supplied thousands of users. These drugs were being imported from Europe into the United States, through Provo, under a complex scheme using private carriers such as Federal Express, DHL, and UPS as apparently unwitting couriers. It appears the drugs were destined for the streets of California.

Even though in this case the Ecstasy apparently was not intended to be distributed here in Utah, in my view, it is only a matter of time before we see increased use of these drugs by Utah's kids. In fact, I understand that the Utah Highway Patrol recently made a significant seizure of Ecstasy intended for distribution in Utah during an automobile stop in southern Utah. This matter is now being reviewed for federal charges.

The target age group for Ecstasy is young people between the ages of 16 and 25. Our children here face most of the same pressures as youth across the country, so it is no surprise that these drugs would show up here. Indeed, because Utah still retains much of its small-town innocence from an earlier, less troubled era, our youth can be particularly susceptible to threats from invidious "club drugs" that are represented as 'safe," or "clean". My office, in conjunction with our law enforcement partners around the State, will aggressively prosecute cases involving these drugs, in an effort to prevent the threat from taking hold here, as have other drugs such as methamphetamine.

I have been a prosecutor for almost a quarter of a century, and I have been a federal prosecutor for the past twelve years. Before the President nominated me to be the U.S. Attorney here in Utah, I had served in the Utah U.S. Attorney's office as First Assistant, as Chief of the Criminal Division, and as Violent Crimes Coordinator for the office. Based on my experience, I can tell you without exaggeration that the meth problem in Utah today is the most serious criminal threat we face to public safety and the safety and well-being of our children.

There are two key components to the meth problem in Utah. While I believe that these components certainly exist in other areas of the country that are experiencing a serious meth proliferation problem, they also rest on factors somewhat unique to Utah. The first component is the home grown problem—the proliferation of clandestine meth labs. Indeed, Utah has the dubious distinction of having the highest per capita number of illegal methamphetamine manufacturing operations of any State

in the Union, and ranks among the highest in the nation in the absolute number of labs.

This part of the problem involves U.S. citizens operating small labs and producing comparatively small amounts of very pure meth. Approximately 241 such labs were taken down in Utah in 1999, and approximately 178 have been taken down so far this year. The prevalence of these clandestine labs—sometimes called "tweaker" labs, after the common term for meth addicts—is a function of two facts—the highly addictive nature of methamphetamine, and the ability of addicts to manufacture the drug themselves, a factor not present with respect to drugs such as cocaine and heroin, for example.

As the Committee knows, meth can be made using chemicals, equipment, and over-the-counter drugs, all of which are fairly easy to get. With your leadership, Senator, as well as efforts in the Utah legislature, some key ingredients such as pseudoephedrine are now harder to get in large quantities than they once were. However, determined lab operators are still able to get what they need. For instance, a common method used by tweakers to obtain pseudoephedrine is to go to every store in the neighborhood and buy up to the legal limit—12 grams under Utah law. The recipe for meth is well-known among users, and I believe that as the purity of imported meth has decreased, the incentive for users to make their own has increased.

The danger these labs pose to the community, and especially to children in the homes where labs are set up, cannot be overstated. First, while manufacturing meth is relatively simple—most of the tweakers operating these labs are not exactly rocket scientists—the process involves combining and heating very volatile chemicals, and produces highly toxic fumes and residue. Second, the very nature of the meth addiction unfortunately ensures that the children in the household will be ignored and abused. Our DEA agents can tell you heartrending stories about addicted children found in appalling conditions in many of the labs they respond to. In fact, there have even been reports of children in preschool and kindergarten playing make-believe games of cooking meth.

The second component of the meth problem in Utah is what we call "Mexican meth". It results in part form our geographic location as a convenient transshipment point. The result is a significant number of what we call pipeline cases. This component of Utah's problem, and our responses to it, bear directly on controlling methamphetamine proliferation in Utah and throughout the United States. Meth is being produced in massive quantities in large labs in Mexico, as well as in southern California and other western states. Utah's proximity to the national border, and the convergence of three primary travel corridors—I–70, I–80, and I–15—within the state combine to make Utah uniquely situated to serve as a major transshipment point of this Mexican meth.

Unfortunately, we are finding that much of the drug is staying in Utah and other Inter-Mountain states as well. For example, after an eighteen month investigation by the FBI and other law enforcement agencies, just last week we broke up two major and interconnected drug trafficking organizations operating in Salt Lake City and Ogden. The take-down of the Olmedo and Sanchez drug trafficking organizations, or DTOs, resulted in the indictment and arrest of over 25 people and the seizure of at least ten pounds of methamphetamine that had been imported into Utah, as well as other drugs. These drugs were being distributed here in Utah, as well as in Idaho and possibly Wyoming.

It is also an unfortunate fact that much of this particular component of Utah's meth problem is a direct result of illegal entry by criminal aliens into the United States, who then come to Utah. Again, as a case in point, most of the individuals involved in the Olmedo DTO, as well as many of those used by the Sanchez DTO as runners and suppliers, were criminal aliens.

Additionally, let there be no mistake—these DTOs have an effect on children involved, as well. The most pernicious effect is in passing on the culture of drugs and lawlessness to another generation. And again, without wishing to prejudice either the investigation or the prosecution of the recently dismantled DTOs, an example can be found in those cases. Two persons in the Sanchez DTO have been charged under the federal law that provides additional penalties for anyone who employs or uses a minor in a drug trafficking crime. The children involved in these cases deserve a chance to have a different and better life than that of drug dealers.

Let me take just a moment to describe some of what my office has been doing to address both the meth and the criminal alien problems, which are related. As you know, Senator Hatch, when I took office as U.S. Attorney, I established two prosecutive priorities. These priorities are meth and aggravated reentry immigration cases. With your support and the support of Main Justice, these initiative are bearing fruit.

First, I was able to obtain two new drug prosecutors, which allowed me to establish within the office's Criminal Division a new drug section. Utilizing targeted resources provided by Congress and allocated by the Executive Office for U.S. Attorneys, this section is now staffed with 4 attorneys, including two who are dedicated to OCDETF cases. Even while still staffing up, the results of this section have been evident. For instance, in FY 1999, we indicated approximately 196 defendants in about 105 drug cases. This represents a 64.7 percent increase in defendants and a 38 percent increase in cases over FY 1998. Yet these numbers alone do not tell the whole story. For in the last twelve months, we have successfully dismantled three major drug trafficking organizations, including the Sundowners Motorcycle Club DTO, and the recent bust of the Olmedo and Sanchez DTOs, which I already discussed.

As a reflection of the growing problem with methamphetamine in Utah and the commitment by federal law enforcement to attacking the problem, allow me to provide a comparison of defendants indicted in OCDETF cases within the last two years. In FY 1998, a total of 32 defendants were indicted in the District of Utah through OCDETF investigations, many of whom were indicted for methamphetamine offenses. By comparison, in FY 1999, OCDETF investigations resulted in the indictment of 91 defendants, and nearly all of those defendants were indicted for a meth offense. In the first ten months of FY 2000, we have obtained indictments against 53 defendants in OCDETF cases, including the 31 defendants indicted as a part of the Olmedo and Sanchez DTOs.

The point of relating these numbers is not only to inform the Committee of what we are doing to tackle the meth problem in Utah, but also emphasize the severity of the problem. Even with the substantial and ever increasing number of defendants and cases we are handling, we are only scratching the surfafe of the problem—there is a seeming endless supply of new cases.

The same can be said of the second prong of our initiative, which involves aggressively prosecuting criminal alien cases. I understand that this can be a sensitive subject, and that the link between these cases and the meth problem may not be readily apparent to some. It must be emphasized that the criminal alien initiative is not targeted at our law-abiding Hispanic population. It is that population we in large measure seek to protect. Indeed, the code name for the investigation into the Olmedo and Sanchez DTOs was "Los Chacales," which in Spanish means "the Jackals," and is a derogatory term within the law-abiding Hispnaic community for drug dealers. It is my view that because of the prevalence of Mexican meth, and the convenience of Utah as transshipment and distribution point, the criminal alien and drug trafficking cases are intimately intertwined, and that we cannot get a handle on the meth problem without also attacking the criminal alien problem as well.

Thanks to your commitment, Senator Hatch, and the commitment of the Attorney General, we have added personnel resources in the U.S. Attorney's office as well as at the INS to aggressively pursue these cases. Again, we are showing results. In calendar year 1996, our office indicted 80 criminal alien cases. In 1997, we indicted 194 such cases, in 1998, 313, and in 1999, 251. So far in calendar year 2000, about 120 such cases have been brought. The vast majority of the criminal alien cases we are doing involve defendants with drug trafficking convictions, as well as lengthy criminal histories. In addition to the immigration offenses, many of these are methamphetamine related cases. Our program has been successful.

Finally, Mr. Chairman, let me briefly note a third aspect of our drug crime initative—the targeting of the illegal use and possession of firearms by criminals. The link between the illegal use and possession of firearms and drug crime is well known, and here in Utah, we have initiated Project CUFF—Criminal Use of Firearms by Felons--to aggressively prosecute these cases. I am pleased to say that both the name of the initiative and the resources to pursue it are a result of your efforts in the Senate. And let me be clear—we are not prosecuting law-abiding citizens exercising their constitutional right to keep and bear arms. Rather, we are targeting those felons who use guns to commit crimes, thereby endangering the whole community and denigrating the rights of everyone else. I have assigned a top AUSA to Project CUFF, and I am adding another one next month. The initiative has resulted in nearly eighty cases accepted for federal prosecution since January.

In conclusion, Mr. Chairman, our drug problem in Utah is severe, and poses significant threats to our youth. And while some aspects of the problem are unique to my District, the meth problem—and the broader drug problem—certainly is not. Yet, we are taking steps to tackle the problem. It is a problem we are tackling on several fronts—including the home-grown, clandestine lab, the so-called Mexican meth, and staying ahead of the curve on the threat posed by the new generation of club drugs. Your leadership, and the support of the Department of Justice, has given us many tools and resources to do this.

Thank you, Mr. Chairman, and I would be pleased to answer any questions from the Committee.

Chairman HATCH. Thank you, Mr. Warner. We're happy to have you. You're a wonderful U.S. attorney and one of the outstanding attorneys across the country.

We turn to you, Mr. Mendrala, as head of the DEA in this state, and we're very honored to have you here to talk about these things.

STATEMENT OF DON MENDRALA

Mr. MENDRALA. Thank you. Senator, I've been here 4 years. When I first moved in a neighbor came over and introduced himself to me, I introduced myself back to him, and he said, I'm glad to know you, but I'm sorry that we need someone like you in this State.

I wish we didn't need the DEA in here. Sadly we do. And I'd like to take this opportunity to thank you for the support you have given us. Our office has increased tenfold over the past few years.

The cost, the meth cost, that we hear about in Utah costs this State $1 million. Without the funding that you helped us secure through hiring DEA agents and the pot shots recently and the new awareness, the DEA cleans up labs, this State would literally be brought to its knees due to the fiscal note attached to methamphetamine.

One of the most painful questions that I'm asked all the time is why Utah. Why is Utah is so high in ranking when it comes to methamphetamine. It's truly——

Chairman HATCH. High? What are we ranked?

Mr. MENDRALA. Right now we're eighth.

Mr. BURNS. Which is good news. We were third.

Chairman HATCH. Two years ago. And that's a step down. That's outstanding.

Mr. MENDRALA. As you stated we closed down 266 meth labs last year. Our office responded to 246 of those.

Our agents are very tired. When we talk about meth, it doesn't mean any of the other drugs here have stopped.

Just to add on a little of what Mr. Warner said, Mexican trafficking is proliferating in this State. These traffickers are probably drug dealers, they bring in methamphetamine. They're bringing in marijuana, which we are seeing increasingly as a gateway drug to these others. They're bringing in heroin, and once heroin entrenches itself here, Senator, this is something that they need every day when they wake up and go to bed at night. This drug has to be supported by some type of financial means, generally the crimes that are associated with heroin across the spectrum.

We've got the domestic meth problem which has just been highlighted in the media. We used to be very careful about what we said about how the drug was produced, what chemicals were used, the method of manufacture. We don't have to worry about that anymore, Senator, because the INS has taken away all the secrets. If there is law enforcement, if there's pending legislation, if there's a problem in the cook method that we don't know how to make it, they can get it on the chat room and find out anything they need to know. There are no longer any secrets when it comes to methamphetamine.

We see that same carry over into GHB and Ecstasy, how to take the drugs, how to manufacture the drug, where to get it and what to do if you overdose. This is very, very disturbing to us.

We work with highway patrol on Operation Pipeline. As Mr. Warner again stated, there was a stop made just outside of Beaver with Ecstasy. These highway patrol stops historically will be made on our highways, that they were going to points beyond. That's no longer the case. At least half of the pipeline stops now that are drugs are destined to stay in Utah.

Chairman HATCH. So what you're saying is up until recently we were the crossroads with the transport system to drugs going to other states but now at least half of them are staying here?

Mr. MENDRALA. Yes. We were a trans shipment point and now we're consumer stable. That's not the trend we want in this State.

With the resources you have given us and will give us we will put forward our best efforts to put them together productively.

We appreciate you coming to us to our new facility. There would be nothing that we would like to have greater than to take all the resources that you have given us and let them be used in another State. We don't want this in Utah, we don't want the problem in Utah, and we don't have—we don't want to keep having to ask for more resources to deal with this problem. We want it to go away and we'll do everything we can to make it do just that.

Chairman HATCH. Well, thank you. We thank you for doing a great job here. It's becoming a more increasing problem in this country, especially with methamphetamine. And now all these drugs.

Mr. MENDRALA. It's almost the other side of the double edge sword with the methamphetamine, these club drugs are not methamphetamine but accepted as such.

Chairman HATCH. OK. Mr. Burns, let's turn to you. You're right here on the firing line.

STATEMENT OF SCOTT BURNS

Mr. BURNS. Well, first of all, Mr. Chairman, I want to thank you for the opportunity to provide some testimony today. I've been the elected county attorney since 1986, and I'm happy to report as of this morning one thing that is encouraging to me, that is for those that use drugs are, in my opinion, becoming dumber and dumber, which I think helps us.

I had UHP Trooper Larry Orton call me this morning and said, Burns, what do you think about this? The requirements for road blocks are extremely strict now, so up the canyon up by Milt's the other night we set up a sign that said, "Drug dog ahead," and about 20 yards further we had another sign that said, "DEA agents in the area." And then we set up a garbage can with a sign and a light that said, "If you have any illegal drugs, please deposit them in this garbage can," and three or four cars actually stopped and put drugs in the can, and then the trooper arrested them at the bottom of the canyon.

He said, "Can we charge them with something?"

And I said, "Felony stupid comes to mind right off the bat."

So that's encouraging to me. Those types of tactics are working and telling me that people who are using drugs aren't thinking too straight.

In 1990 and 1991 a U.S. attorney stated marijuana and cocaine were what we dealt with, and those were insidious drugs to individuals, but nothing to compare with methamphetamine. And we had always set up a task force in 1997 with several counties, several law enforcement agencies, and I'm glad to report that with the seizure laws that you have so strongly supported, and I submit to you and testify that those are enforced sparingly and only when applicable, we have seized well over a million dollars. We've purchased equipment, we've trained law enforcement officers, we bought cameras, and we tried to do—but funded their programs throughout Iron County, which I think is a model throughout the county forfeiture monies from the bad guys.

But what we haven't been able to do is deal with three things—or two things that I see emerging, and that is with respect to methamphetamine violence. I had never looked at the effect of methamphetamine with respect to violent crime, and I can tell you that we recently finished a death penalty case in this county where a women was literally butchered and butchered in front of three small children, and it is my opinion that at the conclusion of that investigation, that trial, that death penalty verdict that the cause of that senseless death and really the ruination of three young people was methamphetamine.

I see Mr. Murphy from the local paper who sat through the preliminary hearing, but he could also testify that we're now prosecuting the case for a little baby that happened to be introduced to a methamphetamine party. There's no doubt about that methamphetamine was being used at the party, people deny having any contact, but this innocent little child came out of that party with her chest kicked in and with serious damage to the brain. Violence due to methamphetamine.

The second issue that I would like to address is that I believe rural America is being hardest hit. I know you have legislation pending hopefully that will help us, and we appreciate that, but I think a lot of the methamphetamine traffickers, and I think Mr. Mendrala and Mr. Warner will support me on this, that, you know, they have the idea that, you know, Oppie and Goober are alive and well in rural Utah, and if you set up a lab out there, we're not as likely to get caught.

We're becoming more sophisticated, we're catching them now, but we now end up with the clean-up cost. And I know the governor more recently talked about running out of funds for that, and maybe the rural communities have to deal with that. We're going to need help because it's not a rural problem, it's a Utah problem and it's a national problem.

The third thing I want to say and to echo what has been said, is that we appreciate the enhancement of the DEA in Southern Utah. You have no idea how the regional office has helped us. And I work closely with Don and Paul and the agents that are down here, and that type of expertise is invaluable.

I want to thank you for your legislation and for the Byrne grant monies, and I know that you know funds our task force every year. We spend it, I promise you, sparingly.

And the last thing I wanted to do, and I promise I know politicians so I know it sounds like I'm lying and sucking up, but on May 19 we had a banquet and I had no idea that these hearings were going to be held. We had a plaque for you. I know your schedule wouldn't permit you to be here for our narcotics task force. And she's a politician, too, but she will vouch for me that that was our intent, and I will provide our Chairman of the Iron County Commission to present you that plaque, Lois Bullock.

Chairman HATCH. Well, thank you. She might not want to do it after I called her Lewis. [Laughter.]

Well, thank you so much.

Ms. BULLOCK. I'm not a Lewis.

Chairman HATCH. Isn't that nice.

Mr. BURNS. Thank you very much for the opportunity to be here.

Chairman HATCH. Thank you, Scott. You don't suck up to anybody. I've known you for a long time. I worry about you. We appreciate you and we appreciate the work that you're doing.

Captain Peck, I'm going to turn to you guys.

STATEMENT OF CAPTAIN RUSSELL PECK

Mr. PECK. Thank you.

U.S. Senator Orrin Hatch, hearing members and fellow citizens, I appreciate this opportunity to appear before you today to discuss the issue of the drug problem in Washington County and in the State of Utah. My name is Russell Peck and I'm a captain with the St. George Police Department. I'm also the commander of the Washington County Drug Task Force. I have been the commander since the task force was first organized 3 years ago under the direction of Bob Flowers, chief of the St. George Police Department, Eric Ludlow, Washington County Attorney, and Glenwood Humphries, former sheriff of Washington County. The current sheriff of Washington County is Kirk Smith, who along with Bob Flowers and Eric Ludlow, constitute the governing board of the Drug Task Force.

In my 15 years of law enforcement experience, I have seen methamphetamine use increase dramatically in our area. Methamphetamine is our number one problem and focus of illegal drug use in Washington County and the State of Utah. Methamphetamine affects us all, both old and young alike. From children, victims whose parents care more about meth than their kids, to those youth who abuse drugs. This effects our whole society in such a negative way. Marijuana is the next biggest problem and is often used in conjunction with methamphetamine. It is also the primary gateway drug.

The clandestine meth labs and the dangers associated with those labs and the clean-up of toxic chemicals has also been a major problem in our area. But through the support of government grants and awards, such as Byrne grants from the Commission on Criminal and Juvenile Justice and HIDTA (High Intensity Drug Trafficking Areas) awards, a great amount of progress has occurred in our local drug war. This assistance has made a huge impact in our area towards the quality of life for our citizens. The extreme dedication of those officers on the front line, who at times have worked

24 straight hours in the investigation, scouting, and tactically securing the suspects of a meth lab, and then processing the lab, must never be forgotten, but supported and applauded for the sacrifices they make. These police officers on the front line deserve the respect and the best support our country and government can give.

Our task force consists of only four detectives, one sergeant, and myself as the commander. We also have one prosecutor from the Washington County Attorney's Office, Brian Filter, who has done a tremendous job assigned to prosecute all task force cases. We also have an intelligence analyst from the Utah National Guard assigned to our task force.

And, Senator Hatch, I would like to recognize our drug task force and just ask them to stand momentarily, if they would.

Chairman HATCH. I thought that's where those guys worked. I was looking at that group. Don't tangle with them.

Mr. PECK. I have listed some items that have had a huge impact in our county and the State of Utah, and they are as follows:

Again, funding for task forces provided by Commission on Criminal and Juvenile Justice and HIDTA (High Intensity Drug Trafficking Area). This provides much needed training, equipment, overtime, buy money, operating expenses, facilities, and financial support. Without this there would be no task force.

The dedication of the police officers, the prosecutors, the support personnel, finance officers, and all the others who assist and care about fighting the drug war.

Assistance from the DEA in our area, especially support from the special agent in charge, Mike DeMarte. Also, resident agent in charge Don Mendrala and DEA supervisors on Pat Dunn and Geno Corley. Each has been very supportive.

The support and assistance from the Utah National Guard. They provide an intelligence analyst working full time for the drug task force.

The establishment of trained officers to tactically take down meth labs in our area, as well as process and dismantle them. Prior to the establishment of the task force, the closest people were from Salt Lake City. We also utilize the St. George Special Emergency Response Team on all high risk drug search warrants and clandestine drug lab warrants. Also being able to obtain the necessary equipment to safely and effectively take down and dismantle meth labs.

And the cost for the hazardous waste contractors to dispose of the meth labs taken care of by the DEA.

The aggressive enforcement and prosecution of all involved with illegal drugs from simple possession to manufacturing and distribution of controlled substances. Many crimes on the periphery, such as theft, burglary, and crimes of violence are committed by drug users. Focusing on the drug problem eliminates many other crimes.

Aggressive Utah legislation on possession of precursor chemicals such as pseudoephedrine, iodine crystals, and red phosphorous has been a tremendous help.

Education about methamphetamine for retail establishments, specialized civic groups, youth groups, and citizens. This has been accomplished through classes taught by task force members, booths at health fairs, television, radio, and newspapers.

Community involvement. Hitting the problem at all angles from police officers to teachers in the education system. This is a social problem and not just an enforcement problem.

I have briefly touched on the drug problem in our area and items that have been a great benefit in our local battle. We are not losing this war. Our goal is to make it extremely dangerous for drug dealers and users to operate in our county, to reduce the availability of drugs, drive the price up of illegal drugs and simply make it not worth the consequences for those that would infect our society. We have made a lot of progress in the last 3 years and hope for even more.

Senator Hatch, we deeply appreciate and feel your support and commitment to the drug war. We appreciate your leadership and thank you for this opportunity to talk about our area.

I also have a short slide presentation I would like to show you, Senator Hatch.

Chairman HATCH. Sure.

Mr. PECK. I don't know if everyone can hear me. I'll go through this.

This is a poster, basically was taken—or the photograph was taken at one of our drug houses. These are just some newspaper articles about some of our work.

This is an interesting one where a man was arrested for not only child pornography, but also methamphetamine and paraphernalia and marijuana.

This is, of course, methamphetamine. This is what it looks like.

One of the precursors pseudoephedrine, it is easily bought at the stores. And Utah just in the last few years enacted legislation to make it illegal to possess more than 12 grams of this. This has been a great help again.

Another precursor chemical iodine crystals, again the Utah legislature has enacted laws that make it illegal to possess more than two ounces, and that has been a great help.

The other one, red phosphorous, same thing, Utah legislature now has made it illegal to possess any of this. This has been a great help.

This is some of the glassware that we see with these clandestine labs. Some of the chemicals, these are some of the ingredients used to make methamphetamine that we see down in our area.

Common ingredient Heat, we see some on the table there.

These are some pictures of some meth labs down in our area.

You can see some of the protective equipment that we utilize that we've been able to purchase through HIDTA and also Byrne grants that have been a great help to us.

Some of our guys on the front lines of our drug task force that went through the training.

There on the left is a suspect that was in possession of a meth lab. This individual actually came up from Las Vegas, much like County Attorney Scott Burns talked about, where they come into rural Utah. They think that we don't know anything about it and try to set up shop here.

This is our meth lab trailer that we use to take down the meth labs.

This is our Special Emergency Response Team. Through some of our grants and through the DEA we've been able to get these men trained in the site and how to take down a meth lab tactically. It's been a great help.

This is some of our guys that are getting ready to go on a briefing, or ready to go on a raid, they're at a briefing right now.

If you can see the gentleman in the back, right there in the white coat, he is one of our City Councilmen. We've had great support from our city leaders.

There we have our chief of police Bob Flowers and also Mayor McArthur has also been at the site and seen some of these things first hand.

This is the kind of places that we see the meth labs set up temporarily in rural Utah, from a trailer in the city to two nice homes in a nice residential area.

These are some drug suspects that have specifically admitted having been on methamphetamine for quite a while. And as you can see it involves the youth.

And I thought this was an interesting picture. It actually covers the whole age group. We have a gentleman here that's probably in his 50's, a man here in his 20's, and this young gal was 13 or 14 years of age.

Another picture of our suspect that came from Vegas, set up shop. Went through one of our local IFA dealers to buy some crystal iodine, and we were able to, through an investigation, get a search warrant and take this lab down.

More of our drug suspects.

As you can see, too, we talked a little bit about the firearms and the weapons that are used in the drug world. We see a lot of this as well. The police scanners, the weapons. Go right along with methamphetamine.

This particular gun right here was stolen with another group of guns, not this gun but another gun in that same group was used in a homicide over drugs over in the Monticello area.

Again, they have counterintelligence, police magazines, scanners, frequency guides.

I thought this was kind of ironic, there's marijuana and Tupak Shakur with marijuana leaves there and a scale to weigh out their drugs, and they mockingly say, "Stop Crime."

This is a group of young adults that were at the scene of a search warrant where a lot of—actually marijuana was found.

We're finding again a lot of the drug dealers want to protect what they have. This particular dog was a pit bull, a very vicious dog that attacked the officers and had to be shot.

This is a drug suspect that was at the scene of a meth lab, he had actually been cooking for quite a while. We decontaminated his clothing and shortly after that picture was taken he decided to become violent, and we snapped some pictures while the officers had to basically wrestle him to the ground to contain him.

Again, methamphetamine is our primary problem, but we also have marijuana which is a gateway drug. And we have, of course, growers down in our area. This young man is 18 years of age who was at the site of this marijuana area.

This is sad to see the children that are involved in these kind of things.

Several of our marijuana drills. And that's the end of the presentation. Thank you.

[The prepared statement of Captain Peck follows:]

PREPARED STATEMENT OF CAPTAIN RUSSELL PECK

United States Senator Orrin Hatch, hearing members, and fellow citizens: I appreciate this opportunity to appear before you today to discuss the issue of the drug problem in Washington County in the State of Utah. My name is Russell Peck and I'm a Captain with the St. George Police Department. I am also the commander of the Washington County Drug Task Force. I have been the commander since the task force was first organized, three years ago under the direction of Bob Flowers—Chief of the St. George Police Department, Eric Ludlow—Washington County Attorney, And Glenwood Humphries—former Sheriff of Washington County. The current Sheriff of Washington County is Kirk Smith, who along with Bob Flowers and Eric Ludlow, constitute the governing board of the Drug Task Force.

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I have listed some items that have had a huge impact in our county and the State of Utah. They are as follows:

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- Dedication of the police officers, prosecutors, support personnel, finance officers, and all others who assist and care about fighting the drug war.
- Assistance from the DEA in our area, especially support from Special Agent in Charge, Mike DeMarte. Also, Resident Agent in charge Don Mendrala and DEA supervisors Pat Dunn and Geno Corley. Each has been very supportive.
- The support and assistance from the Utah National Guard. They provide an intelligence analyst working full-time for the drug task force.
- The establishment of trained officers to tactically take down meth labs in our area, as well as process and dismantle them. Prior to the establishment of the task force, the closest team was from Salt Lake City. We utilize the SERT (Special Emergency Response Team) team from the St. George Police Department on all high-risk drug search warrants and clandestine drug lab warrants.
- Obtaining the necessary equipment to safely and effectively take down and dismantle meth labs.
- The cost for the hazardous waste contractors to dispose of the meth lab taken care of by the DEA.
- The aggressive enforcement and prosecution of all involved with illegal drugs from simple possession to manufacture and distribution of controlled substances.

Many crimes on the periphery such as theft, burglary, and crimes of violence are committed by drug users. Focusing on the drug problem eliminates many other crimes.

- Aggressive Utah legislation on possession of precursor chemicals such as pseudoephedrine, iodine crystals, and red phosphorous.
- Education about methamphetamine for retail establishments, specialized civic groups, youth groups, and citizens. This has been accomplished through classes taught by task force members, booths at health fairs, television, radio, and newspapers.
- Community Involvement. Hitting the problem at all angles from police officers to teachers in the education system. This is a social problem and not just an enforcement problem.

I have briefly touched on the drug problem in our area and items that have been a great benefit in our local battle. We are not losing this war. Our goal is to make it extremely dangerous for drug dealers and users to operate in our county, to reduce the availability of drugs, drive the price up of illegal drugs and simply make it not worth the consequences for those that would infect our society. We have made a lot of progress in the last three years and hope for even more.

Senator hatch, we deeply appreciate and feel your support and commitment in the drug war. We appreciate your leadership and thank you for this opportunity to talk about our area.

Chairman HATCH. Well, thank you. That was very interesting. It gives people a first hand look at some of the things you're doing.

A lot of people don't realize that Utah is a methamphetamine State. And if you look west of the Mississippi you see an awful lot of methamphetamine shutdowns and very few east of the Mississippi. And even in the new areas, in the far eastern part of the country, but it's moving rapidly there.

Three years ago we were the third largest methamphetamine lab shutdown state, which was shocking to me. Now we make better records, we may have better law enforcement, and that's one reason why we were so high. Still it's shocking to find that they're having that kind of influence in Utah.

And, as Mr. Mendrala said, you know, before they didn't stay, but now a good 50 percent of these drugs stay here.

Well, let me just say this: The administration has decided that they have seen that drug use since 1997 has decreased by 13 percent and appears to be leveling off for the first time since it began to increase in 1992; however, it should be pointed out that use among young age groups is remarkably higher now than in 1992.

For me the problem is, and I hope that you will all agree, that even if teen use is leveling off, it is leveling off at an unacceptably high rate. For example, a study of drug use among eighth graders since 1992 has increased by 129 percent for marijuana, by 80 percent for cocaine use, and by 100 percent for crack and heroin; the use of crack and heroin. This is among our teenagers.

Initially the perception was that youth drug use was described only in our urban areas and that, of course, has proven to have been mistaken, too. According to a recent report funded by the DEA, illegal drug use among teens is noticeably higher in rural America than in urban and suburban areas.

Now, that's astounding to me. The report found that eighth graders living in rural areas compared to eighth graders living in urban areas, are 104 percent more likely to use amphetamines, including methamphetamine, 50 percent more likely to use cocaine, 30 percent more likely to smoke marijuana, and 83 percent more likely to use crack cocaine.

Now, this is particularly troubling to me representing a State that is considered a rural state.

Now, let me ask you again, Mr. Warner, what do you think accounts for this drastic increase and what really, in addition to what you have already said, are the strategies for bringing this down?

Mr. WARNER. To be very candid with you, Senator——

Chairman HATCH. You see, I'm really wondering what we can do to protect our teenagers.

Mr. WARNER. I think there's a couple things that need to be recognized. One's been alluded to here already, but I want to emphasize that one point. And this isn't a law enforcement problem, per se, this is a problem for all of us. And law enforcement isn't going to solve this problem alone. As good as the efforts are, and they have been wonderful in this State, in my opinion, and the cooperation between State, local, and several law enforcement officials and prosecutors has been outstanding in Utah and has been a model for the rest of the Nation. But, unfortunately, it is a probiem that we can't prosecute out of existence.

And so education and public awareness is a huge factor, in my opinion. We need to join forces with a variety of groups, church groups, schools, PTA, you name it, to help educate our youth, help them understand such things as we refer to marijuana as the gateway drug. I think our youth need to understand that. I think they need to understand that the dangerous effects of Ecstasy, as an example, that it's not a safe drug. There is no such thing as a safe drug, as one leads to another. And I think through that kind of a joint effort we're going to be making headway.

But, unfortunately, from the law enforcement perspective I don't see us being able to turn the corner alone, because by the time we see these people and by the time we see the cases, the damage is done.

Chairman HATCH. Anybody else care to comment? I'll agree with that.

Let me ask you a question specifically while we're with you, Paul, I know that you made a high priority of prosecuting criminals who illegally enter into our country after having been deported with a criminal record. Your office has handled hundreds of these so-called aggravated re-entry cases. Your efforts are very important to the Utah crime reports because the population of illegal aliens with criminal records is responsible for the significant percentage of the crime rate along the Wasatch Front.

But I would like to know the link, if there is one, between these criminals who are re-entering the country and the emerging drug threat that we're talking about today, and I don't want to limit it to the Wasatch Front, I want to consider the rural areas as well.

Mr. WARNER. Well, there's no question there's a link, Senator, between criminal aliens and our drug problem. They are part of the distribution network, if you will. Much of the methamphetamine that I refer to the so-called Mexican meth is being brought to the United States and subsequently to Utah by these criminal aliens. They are part of the distribution network as well. So they're being used to bring it up from Mexico and they're being used to distribute it within Utah.

We just indicted two major drug trafficking organizations last week involving over 25 individuals that were indicted. The majority of those individuals were criminal aliens that were involved in Salt Lake City and Ogden in the trafficking of methamphetamine and other drugs.

This is a huge problem for us in Utah. The link is clear. Unfortunately, INS has brought in quick response teams for St. George, Provo and Ogden that will enable us to get out beyond just the Wasatch Front, if you will, in terms of our enforcement efforts on criminal aliens throughout the State.

Chairman HATCH. Don, let me ask you this question: Utah has one of the largest per capita numbers of methamphetamine labs in the country. Now, that's an alarming statistic, but even worse there seems to be a large amount of methamphetamine being imported into the State of Utah from outside the State and the country, and Paul has alluded to that.

What percentage of Utah's meth problem has come out of the State and what are its major sources? And keep in mind any of the other ones that care to comment.

Mr. MENDRALA. The major source for us is Mexico, Mexican traffickers. It's interesting.

Chairman HATCH. Put that microphone a little closer.

Mr. MENDRALA. With the Mexican meth that comes up here, one pipeline stop, for instance, could count for 20 pounds, maybe more. We've had as high as 30, 40 pounds. That single seizure will account for more methamphetamine than all the 266 labs that were shut down.

Chairman HATCH. What are you referring to, the worth value on the street?

Mr. MENDRALA. Right now at least $10,000 per pound, if it's sold at wholesale.

Chairman HATCH. If you sell it at retail——

Mr. MENDRALA. Retail is in the millions.

Chairman HATCH. In the millions?

Mr. MENDRALA. The percentage that we're seeing now Mexican meth versus the domestic meth is at least 50 percent of the seizures we're making, again because it's somewhat skewed, the Mexican traffickers are able to bring in so much more meth than these domestic labs are capable of producing. So although our resources a lot of times are devoted to the clandestine labs, which is a real local and community issue, for several reasons, toxic waste, and so forth, the real bulk of the drug is coming from Mexico.

Chairman HATCH. Well, methamphetamine lab and seizures continue to rise dramatically here across the west as a whole. Increasing amounts of the drugs coming to the United States from Mexico, as you mentioned, and what was once a problem largely confined to the southwestern part of the country, is now rolling across the whole country and right into the east coast.

Mr. MENDRALA. Absolutely.

Chairman HATCH. In Utah alone DEA lab seizures have risen from 29 in 1995 to over 200 last year, and that number does not even account for seizures at State and local offices. Now, this is occurring despite the fact that I and many other legislators at all levels of government have worked hard to draft laws to provide addi-

tional tools specifically directed to the methamphetamine problem. I'd like to know have these tools proved beneficial to you, if not, how can we to do a better job to get more tools to solve these problems? And I would like all four of you to respond to that question, if you would.

Mr. MENDRALA. They've been very helpful, especially in regard to the precursor chemicals. It's a simple formula, if you don't have the chemicals, you can't make the meth. So if we're able to shut down the supply of chemicals, limit the supply of chemicals that people can have lawfully, the methamphetamine problem is diminished.

Chairman HATCH. I know that the DEA has been working very hard to stop these clandestine chemical manufacturers that are making with organized crime, for instance. Do you have anything to comment, Mr. Warner?

Mr. WARNER. Just to echo on what Don said, I think it's important to keep in mind that meth is different from other drugs that we have dealt with in the past because it's manufactured by the users often. Cocaine, heroin, it's not manufactured by the people that are using. But people because methamphetamine is a drug that is manufactured in these clandestine labs that this attack on the precursor chemicals is very, very important. And through your efforts, Senator, and through the efforts of the Utah Legislature to limit the amounts of availability on these precursors, labs—excuse me, the precursor chemicals make a big difference. It's helped a lot.

And I think that the other thing that's important is our ability to punish adequately the difference between those who manufacture this chemical or this drug and those who simply use it, again, because it is a manufactured drug.

And so I know that your meth bill that you provide a special penalty for those who manufacture and I think that was very important. Because I think there is a distinction in culpability between those who would actually produce the drug for others and those who are merely using. When I say merely, I'm not justifying, but I'm saying by way of comparison.

Chairman HATCH. Scott, any comments?

Mr. BURNS. Just to echo what Paul was saying. As you may recall, Utah was embarrassingly one of the last States in the country to control pseudoephedrine. We were the place. We were the Home Depot for the meth consumption of the United States of America. And they went up and down our freeways.

Here in Iron County we finally started arresting them and attempted manufacturers of methamphetamine. That didn't go over well with Paul Van Dam, then the attorney general, the then U.S. attorney. But I would echo everything that they said and that is you cut off the chemicals, if they don't have the flour, they can't make the cake. I think we're doing a lot better in those efforts.

Mr. PECK. I would agree, Senator Hatch. I think that some of the recent Utah legislation on the precursor chemicals has made a tremendous difference and helped us out a lot.

And you asked the question a little bit about the tools that we've had available through the funding of HIDTA and the Byrne grants, that's been a tremendous help for us. Especially now in St. George, and I know for Cedar City as well, we're—we kind of have to stand on our own two feet. We can't rely on the bigger agencies from Salt

Lake City or anywhere else. Las Vegas is a couple hours away, but they're in a totally different jurisdiction.

So we have to be prepared, basically, to handle our own down here in the corner of the State. And those different programs have just been a tremendous help for us down here.

Chairman HATCH. Well, thank you.

Scott, tell me, a lot of young people think that they can just take methamphetamine and get right off of it if they want to, enjoy it for a little, or with Ecstasy or these other club drugs. What's your experience with that?

Mr. BURNS. Well, in part I would defer that. I understand that Bradley Davis is here. I want to commend him, he's a person that I even prosecuted on a couple of occasions, and I think he can better address that than I can.

But, Senator, the people that I have talked to tell me literally that once addicted to this drug, and often times it takes one time, one Saturday night, one friend saying try this, one time, they will give up their children, they will leave their wives and husbands, they will miss house payments, they will not eat, they will miss car payments. They will give up everything in their life for that next fix. And it is—again, I think the studies bear out you talk about heroin, but my experience has been in talking to those people have been addicted to it, it is the most difficult drug to kick.

Chairman HATCH. In Iron County here have you prosecuted a lot of meth cases here? Have you had a lot of problems in methamphetamine here in this area?

Mr. BURNS. You know, for rural Utah in comparison to the Wasatch Front, they might giggle, for us it is a huge problem. And tantamount to that we're finding that our burglaries and robberies, and a lot of crime are directly related to methamphetamine. You lose your job, you don't have money, you steal. So it's a tremendous problem for us.

Chairman HATCH. Another pressing issue on this topic concerns the clean-up of the methamphetamine labs. You've all alluded to the fact how dangerous they are, with the record number of lab seizures in the State the DEA and the State are running out of resources to handle the clean-ups. In light of this I was amazed to learn the Clinton administration rejected our request in this year's budget for $21 million for lab clean-up. And despite this rejection of funds, there has been new money allocated to Utah for clean-up and recently I've been informed that the money will be distributed soon.

But, nonetheless, we're going to end up with the same predicament in the future unless the administration takes the problem seriously.

Now, Mr. Mendrala, has the DEA been able to discuss this issue with members of the administration or anyone else in the administration? Does the DEA have a backup plan where the administration fails again to fund any of those plans?

Mr. MENDRALA. Senator, originally that money lasted a lot longer than it did, but with the number of labs the money literally dried up overnight.

We've been engaged in dialogue we're hoping for more money, because when that money is gone, I don't know what we're going to do.

Chairman HATCH. It's dangerous to clean up labs.

Mr. MENDRALA. It's very dangerous.

Chairman HATCH. The guy yesterday said it's a sitting time bomb, these labs can explode. They're environmentally very toxic, poisonous. They can affect children. They degrade a house or a rented house where it costs thousands and thousands of dollars to renovate it after one of these things.

Anything else you care to say about that?

Mr. MENDRALA. No. That pretty well sums it up. It's the greatest law enforcement concern we have. If the money goes away, we won't have any means.

Chairman HATCH. Mr. Warner and I worked on a case where a really nice young person and from a very decent family got convicted, went to Federal prison, promised he would get off of it, was in prison long enough to get off of it, came back out, and really good kids, decent, wonderful, supportive family, all of a sudden went right back to it.

In this case the parents I know, since they have a child or son, I didn't know what to do and I chatted with them. As we got into this we found out that probably the best thing for that person was—he was convicted again. He was sentenced to a Federal rehabilitation facility. And the indication was—and correct me if I'm wrong, Paul, but the indication was it would take up to 3 years of intensive Federal rehabilitation and then they would be able to do to get the person sitting right. The desire will always be there.

You young people need to hear these things as you see one time can cause them to be addicted to this drug.

Let me just ask you, Scott, and Mr. Peck, in rural areas what is the extent that we are seeing methamphetamine use in teens and young adults?

Mr. PECK. Senator, if I might answer that. Scott.

Mr. BURNS. Go ahead.

Mr. PECK. Methamphetamine we see it run through the age gamut what we see through the young adults and marijuana. We do see a little bit of methamphetamine use by teenagers but more marijuana, which is the gateway drug that we send down the meth road, I would say. Most of our meth users are in their 20's and 30's. But it usually starts out when they're a teenager with marijuana.

Chairman HATCH. Would you agree with that, Scott?

Mr. BURNS. Yes.

Chairman HATCH. I appreciate you giving us this information because it's time for your communities to realize how important it is. Most people don't hear about it. Most people don't—you know, you don't always put in the newspapers what's really going on. It's shocking. And it's happening right here in Utah, a State with good families and decent moral values, and a State where you think this isn't a problem.

We haven't talked much about the problems where these kids they're going to places and they're selling these club drugs. They're putting our kids in danger. And young people are being raped, not knowing who raped them, because they're out cold and they have

a form of amnesia, and after that they don't remember. This is a matter of great concern.

I want to thank all of you for being here today and thanks for taking this time.

Mr. BURNS. Thank you, Mr. Chairman.

Mr. PECK. Thank you.

Chairman HATCH. Let me call our second panel in. I'll try to get back to you.

I am pleased to introduce our second panel of witnesses. This panel will discuss the scope and effects of the drug problem currently facing our youth in Utah. And our first witness is an old friend, Tibby Milne, who works with Utah Crime Prevention to keep our kids off of drugs. We appreciate your work and your willingness to share your thoughts with us today.

Our second panel member is Sandy Harmon, who is the program director for substance abuse treatment for the Southwest Center in St. George. Ms. Harmon, we welcome your thoughts and we're fortunate to have you here today as well.

Next we'll hear from Barbara Corry from Cedar City the PTA regional director of Region 16. And we commend your efforts as well in the community to keep our youth away from harmful drugs and we look forward to your testimony.

Then we'll hear from two people who have had personal experience with the dangers posed by illegal drugs.

Next we'll hear from Bradley Davis, who is a convicted methamphetamine manufacturer and dealer who will tell us about his experience, then Jana Houston will tell her story about the devastation that methamphetamine caused to her and her family when her husband became involved with meth.

I just want to say we appreciate the willingness of these witnesses, these two witnesses in particular, to share their personal stories here with us today. So I would like to welcome each of you to the hearing. And we'll start with you, Ms. Milne.

PANEL CONSISTING OF TIBBY MILNE, UTAH COUNCIL FOR CRIME PREVENTION; SANDY HARMON, PROGRAM DIRECTOR FOR SUBSTANCE ABUSE TREATMENT, SOUTHWEST CENTER, ST. GEORGE UT; BARBARA CORRY, PTA REGIONAL DIRECTOR, REGION 16, CEDAR CITY UT; BRADLEY DAVIS, CONVICTED METHAMPHETAMINE MANUFACTURER AND DEALER; AND JANA HOUSTON, FAMILY DEVASTATED BY METHAMPHETAMINE

STATEMENT OF TIBBY MILNE

Ms. MILNE. Before I begin my testimony today——

Chairman HATCH. You better pick that mic up.

Ms. MILNE. Before I begin, and I first I have to figure how to turn this on. OK.

Chairman HATCH. Use that one.

Ms. MILNE. OK. Before I begin my testimony today, there are a couple things I'd like to do and one is commend to you, Mr. Chairman, Senator Hatch. I have worked with you for many, many years and have watched as you have demonstrated unwavering commitment to the children and youth from families in this State and

across the Nation. And I know that's why you're here today, and I just want to commend you for that.

Chairman HATCH. Thank you very much.

Ms. MILNE. Our focus is on prevention because these drugs are waging a major war against our children and youth.

On March 16, I was called by Don Mendrala to go to the dismantling of a methamphetamine lab that came about as a result of a tip that had been received on our hotline. We started a program with the Salt Lake Police Department so we could get people to call in and report these labs, and we, in turn, would report that information, and our goal was to reduce the problem in our community. But nothing prepared me for what I saw or what I experienced. There were two children in the home and they were living in a very contaminated environment, it was filthy.

And I want to read this because according to the court documents, when the agents arrived, they found a boiling reaction vessel and condenser column near a child's training toilet. They found three guns, one loaded, and accessible to the children, I believe that was at the foot of the beds, the children's beds. They found a red phosphorous stained towel that was sitting on a tray that was to go on the high chair. And they found meth chemicals in the children's closet, and also a bowl of moist meth was found on the coffee table.

Now, the day before this incident happened one of the children had been run over by a vehicle out in the play area out in front of the house. He had been left unattended and he was 1 year of age. He suffered two broken arms and legs, cracked ribs, plus severe head lacerations, and I understand required over a hundred stitches.

In addition, the parents have refused to identify who the person was who was driving that vehicle. DFS workers went in, they removed the children from this home, but both of these children tested positive for meth and marijuana.

And I followed the status of these children and have learned that the one that was injured has recovered but is in therapy, and that the 5-year-old is in a foster home, but still unable to even identify his colors. He's very slow developmentally.

And then I think we need to state here that 60 percent of the meth labs have children involved, and they're generally young children under the age of 10. That really helped me begin to realize it's more than we see over here, it's children's lives. And these kids are going to cost this State many, many dollars in resources because of what happened.

And then we go into our young mothers who are child bearing that are having these little babies and using meth. And the concern I have is for the youth that are using methamphetamine. They think of it as a diet drug. They think of it as an energy booster, this is a way to stay up late and get more accomplished and have a good time. They don't realize the addiction that can occur and what this is going to mean to them.

I am worried about the use of the club drugs. I have taught two victims that have experienced this. These are girls that would not have taken drugs in any other situation. They thought what they

were doing was safe and they were drinking drinks that had the drugs put in them.

I just returned last night from a national DARE conference in Nashville, TN. They are focusing on club drugs in a big way because of the impact on our youth.

So what we're committed to doing as a council is really to work together with parents, law enforcement, schools, and communities and we're trying to get persistent consistent messages out to our children and youth that we don't use drugs and here is why. And we're also trying to get these out to our parents. We work with the Partnership for Drug Free America. We're trying very hard and our media has been very supportive to print the ads, also put them on the electronic media to get messages to children and their parents.

I brought a great poster for you. This is one of our youth posters, but this is "Body by Crystal Meth." We're trying to get the message out to kids that this isn't how you get buff, as the guys like to call it, and this isn't how young women can lose weight.

The Partnership for Drug Free America just released their PATS study in the spring of 1999 and they said that parents and the youth are listening and that there appears to be an impact, as was mentioned earlier, in reducing drugs. But they also indicate in this study that despite the more active role that many parents are overwhelmed by the scope of the drug problem. They don't know what to do. They're losing their confidence and their ability to safeguard children from drugs.

We know that kids are 50 percent less likely to use it if parents give them the right messages about drug use. So we're going into several areas, and I just want to share a couple of them with you. A Let's Talk Utah campaign encouraging parents and kids to talk together, our DARE officers are going to be in the classrooms giving the lessons that need to be given to young people. We're excited about that. Because in this community we have seen a reduction in the use of drugs by those who have had all three levels of DARE.

Now, I just want to close with something that I thought was powerful. In Nashville we released a new study that's done on DARE kids in Texas, and it showed some of the following by the kids that are getting these messages. These students have a more positive perception of police, greater sense of safety in the community and at home, greater family involvement and communication, increased mutual care and respect within the family. They are more involved in school activities. They have greater respect for authoritative figures. They are confident of peer intervention with drug and alcohol abuse and they show lower truancy rates.

We're embarking on getting DARE officers to teach parents at the workplace, community centers, and churches, anyplace we can. We believe that working together, just as you have demonstrated, all of my life as I've been in crime prevention that we can protect children, our most precious resource. We welcome the opportunity.

[The prepared statement of Ms. Milne follows:]

PREPARED STATEMENT OF TIBBY MILNE

Ladies and Gentleman of the Committee:

On March 16, 2000, I was called by Don Mandrela, Resident Agent in Charge of DEA, to witness the dismantling of a Methamphetamine Lab immediately following a raid on a suspected meth lab at an apartment complex.

On February 3rd of this year, in a joint effort with the Salt Lake City Police Department, we launched a new anti-meth educational campaign titled "What's Cooking in Your Neighborhood?" Our goal was to assist law enforcement with the possible locations of clandestine labs by providing an anonymous tip line for individuals to call and report suspicious meth drug activity in their neighborhoods. In addition to this tip line, we provided information to the public about what to look for in the way of materials and equipment, smells, etc. Our first lab was about to be dismantled as a result of information received on the tip line.

Nothing prepared me for what I witnessed. All of the usual lab equipment and chemicals were there. However, there were also two children in this home, and they were living in a contaminated and filthy environment. According to court documents, when the agents arrived they found a boiling reaction vessel and condenser column near a child's training toilet. They found three guns, one of them loaded and accessible to the children. A red phosphorus stained towel was found in the eating tray for the high chair. Meth chemicals were found in the children's closet, and a bowl of moist meth was found on the coffee table.

The day before, the year old child had been run over by a vehicle. He was apparently left unattended. He suffered two broken arms and legs, cracked ribs, plus severe head lacerations requiring many stitches. The parents refused to provide the name of the driver. DFS workers who were on the scene at the time of the raid, removed the second child from the home. Both children tested positive for methamphetamine and marijuana.

I have followed the status of these two children since March 16th and have learned that the little one that was injured has recovered, but is still in therapy. The five-year old is in a foster home, but having much difficulty in his development.

These children will more than likely need resources and support from the state for many years to come. I have learned that 60 percent of Meth labs are located where there are little children living. What does all of this mean? We have only begun to realize the impact that meth will have on the precious resources of this state for many years to come let alone the damage to these innocent children.

We are seeing more and more youth becoming addicted to meth. In Utah, as in other states with meth production, we know our youth are choosing meth as a drug of choice, particularly our young women. They think of it as a 'diet' drug or energy booster. Many are taking it innocently, only quickly to find themselves addicted. According to the Utah Division of Substance Abuse, the highest users of meth are young women in the 18–34 age group. These are also women of childbearing age and the mothers of little children.

In addition, Utah is beginning to experience a rapid increased use of "club" drugs (GHB, Ectasy, Rohypnol, and others) by our youth and young adults. These drugs are often consumed at 'raves' (all night dance parties attended by teens) and dance clubs frequented by teens and or young adults. They are sometimes diluted in a drink or ingested in some other fashion. These drugs, because of their newness on the scene, are dangerous due to the perception by our youth that they are 'safe' drugs. Many of our youth who would not normally take drugs, are using the date drugs.

Parents are often unaware that their children are attending events where these drugs are consumed. At the National D.A.R.E. Conference, being held in Nashville this week, club drugs are being addressed as a major concern facing our youth.

The Utah Council for Crime Prevention is seriously committed to educating the community on the dangers of drugs facing our youth, and are conducting several programs that will empower parents, law enforcement, schools and community together in partnership to provide consistent and persistent anti-drug messages to our youth. We are about solutions. Through our partnership with the Partnership for Drug-Free America, we are increasing our efforts to provide anti-drug messages on radio, television, and in print media focusing on children, youth, and their parents.

As we have already discussed, our "What's Cooking in Your Neighborhood?" campaign focuses on providing a means for people to report meth labs quickly and anonymously. Our goal is to reduce the amount of meth that is available. We are providing educational posters "Body by crystal meth" and other electronic and printed materials to educate our youth on the dangers of meth. We are joining with others to educate parents about this Utah epidemic. The Utah PTA surveyed attendees at their Annual Convention in May and found that the number one item that parents identified was the need for more information on drugs.

The Partnership for Drug Free America (PDFA) released their Partnership Attitude Tracking Study (PATS) in the spring of 1999. The study indicates that more parents, are talking with kids about drugs more often, and appear to be having an impact." Many parents however still struggle with what to say; one in three parents doubt they're getting through."

"Parents are, in no small measure, one of the reasons why adolescent drug use is finally stabilizing and, in some measure is, declining," said Richard D. Bonnette, the president and CEO of the Partnership. "With teenagers, many things go in one ear and out the other. But what parents are saying about drugs appears to be sticking."

The study indicates that "despite their more active role, many parents are overwhelmed by the scope of the drug problem. This, according to the research appears to be extracting a price on parents' confidence in their own ability to safeguard children from drugs."

We are designing an educational campaign entitled "Let's Talk Utah"—encouraging parental and child communication. These messages will be displayed on billboards, posters in schools and areas parents and youth congregate, and through PSA's that will receive playtime on the electronic and print media.

Utah D.A.R.E. (Drug Abuse Resistance Education) Officers will continue to present quality substance abuse and anti-violence lessons in Utah schools. In Cedar City, we saw a marked reduction in the use of drugs by kids that had received D.A.R.E. lessons at the elementary, Middle or Jr. High, and Sr. High School levels.

According to research conducted by Dr. Robert Landry of Research Education Services in Texas, students who participated in the D.A.R.E. Program provided some of the following core outcomes related to D.A.R.E. students.

They have a more positive perception of police;
They have a greater sense of safety in community and at home;
There is greater family involvement and communication;
There is increased mutual care and respect within the family;
There is more involvement in school activities;
There is greater respect for authority figures;
They are confident of peer intervention in drug and alcohol use; and
They show lower truancy rates.

In addition to their regular teaching assignment, we will call upon D.A.R.E. officers to facilitate parenting classes at school, churches, community centers, and the workplace. The new D.A.R.E. Parent Curriculum emphasizes communication skills, shares updated information on drugs and violence in today's world, teaches coping skills, and ways to protect kids from violence. Our goal is to arm parents with knowledge so they will be competent and confident in their responsibility to help their kids to resist drugs.

The war on drugs can be fought and won if together we work to protect our most precious resource, our children.

SOURCES

Dr. Robert Landry, *D.A.R.E. in Texas* (Seminar presentation), National D.A.R.E. Officers Convention, July 5, 2000.

Partnership for a Drug Free America, *1999 Partnership Attitude Tracking Study*, released 4–11–00.

Chairman HATCH. Thank you for that. We're happy to have that testimony.

Ms. Harmon, we'll turn to your testimony next.

STATEMENT OF SANDY HARMON

Ms. HARMON. Thank you, Mr. Chairman.

Chairman HATCH. Pull that a little closer.

Ms. HARMON. I would like to on behalf of the Southwest Center, I'd like to welcome you to Southern Utah. We're thrilled to have this opportunity to testify before your committee today.

Chairman HATCH. Thank you.

Ms. HARMON. Fortunately as you heard earlier, Washington, Iron, Beaver, Kane, and Garfield Counties have not been—had a large impact yet by the GHB, Ecstasy, and club drugs; however, we continue to deal with the methamphetamine problem. Traditionally rural America has their drug of choice has been alcohol; however, since 1991 the number of people who have entered treatment because of alcohol abuse has steadily declined, while methamphetamine use has steadily increased. And this does not mean that we

on the treatment side and prevention side are finding fault with the law enforcement officials; we believe that they're doing an excellent job. And we heard about how many drug labs that they continue to shut down in our area.

However, we believe that we all need to work together with prevention, education, treatment, and law enforcement to solve this problem.

Our agency offers treatment and prevention services throughout the five-county area. Prevention programs are designed to increase protective factors, conditions which decrease the likelihood of drug use, and decrease risk factor conditions which increase the likelihood of drug use.

And we go into schools and educate the adolescents on what will happen to them if they use drugs, but we also try to have programs where that will increase their likelihood not to use, including self esteem programs, what to do instead, how to say no. And many of those programs do have good outcomes. The people, the adolescents that are participating in those programs, are less likely to use drugs.

But, unfortunately, many young Utah residents still decide to use illicit drugs. A special concern is the trend for many young women in our communities use methamphetamine as a diet aid and produce energy as well as the high associated with use.

The Arrestee Drug Abuse Monitoring, ADAM study, showed that Utah has the second and third highest number of positive urine screens for methamphetamine in the Nation, and that includes cities such as Las Vegas and San Diego.

I wanted to address one of the questions that you asked earlier, and I know Officer Peck answered some of that. And I have statistics that show that youth age under 18 who are being admitted for treatment, 66 percent of the time they're being admitted for marijuana use. But by the time they reach age 18 to 24 that's risen—methamphetamine—or excuse me, and methamphetamine is only less than 1 percent underage 18. By the time that they go to ages 18 to 24, they are using 24 percent of the time methamphetamine is their drug of choice.

Women in our area have consistently since 1992 received more and more admissions. Traditionally men have been more likely to be admitted for substance abuse; however, that is changing with methamphetamine, and now females are more likely to be admitted for treatment for methamphetamine use than males are.

I know that time is short. I just want to let you know that treatment does work and we need to work in partnership with law enforcement. Drug courts around the country are proving that treatment coupled with law enforcement does work.

Addiction is a treatable disease, it's not a moral failing. We know that you will be willing to support, continue to support, those programs that allocate modified drug courts with respect to treatment and subsidize, because usually by the time someone is ready to go to treatment, they have exhausted all of their resources and they don't have money to pay for treatment and get treatment. If we don't charge something for treatment, we're not going to be around to be able to give treatment. There is some way that has to be funded.

And I appreciate again your time, and if you have any questions I would glad to answer them later.

Chairman HATCH. Thank you very much. We appreciate your testimony.

Ms. Corry, we'll hear from you.

STATEMENT OF BARBARA CORRY

Ms. CORRY. First I would just like to thank Scott Burns because I was coming down the canyon on the day when they had the signs on the drug dogs and the signs about the drug dogs. I didn't see those, but I did see a drug stop, and I really wondered what it was. I'm glad that he—that my interest has been peaked now.

But I would like to commend you, Senator Hatch, for providing a forum for pertinent information regarding emerging drug threats to our youth.

As I did research into GHB, Ecstasy and other rave club drugs, I'm appalled by the availability of these drugs and the lack of understanding by most parents of their paraphernalia and possible fatal consequences.

Once teens try these drugs, they turn to them as their main way of coping with stress and problems. These are feel good drugs. They enhance all of the senses. Our young people can't imagine that these drugs are bad when they make them feel so good. At the rave clubs the pushers are selling these drugs as similar to a caffeine pill that will just give them energy. But what the pushers aren't saying that these drugs raise body temperature, cause dehydration, grinding of teeth, seizures and possibly death. These gateway drugs limit a young person's ability to resist other drugs that are equally available at the parties.

Parents need to know that some of the paraphernalia for these drugs are beaded necklaces, lip gloss containers, baby pacifiers, and dust masks.

NIDA associate director, Timothy P. Condon stated that, "Accurate, credible information is the most powerful weapon we have to combat the increasing use of these dangerous drugs."

PTA's part as an advocate for children and youth is that this dialogue will allow parents to check into where and with whom our youth are spending their time. These insidious drugs are very prevalent in our State and Nation. Parents must work together in various ways to prevent the use of these drugs.

PTA encourages parents to tell your youth not to ingest anything that is given to them by someone they don't know. Take time to listen to your teens. Talk to your teens about learning positive ways to handle peer pressure. Show your teens you care about them. Set a good example. Be alert to signs of trouble. Know your teen's friends.

PTA, Utah PTA, will step up efforts to inform parents and act as a conduit between professionals and parents for awareness and active prevention measures for their youth.

Thank you, Senator Hatch, for the efforts that you are making to counteract both the availability and the ignorance about these very destructive drugs.

[The prepared statement of Ms. Corry follows:]

PREPARED STATEMENT OF BARBARA CORRY

I would first like to commend Senator Hatch for providing a forum for pertinent information regarding these emerging drug threats to our youth.

As I did research into GHB, Ecstasy and other Rave Club drugs, I was appalled at the availability of these drugs and the lack of understanding by most parents of their paraphernalia and possible fatal consequences.

Once teens try these 'gateway' drugs, they may continue their drug use and turn to them as their main way of coping with stress and problems. These drugs are a "feel good" drug. They enhance all of the senses. So our young people can't imagine that these drugs are 'bad' when they make them feel so good. At the Rave Clubs, the pushers are selling these drugs as similar to a caffeine pill—that will just give them energy—what the pushers aren't saying is that these drugs raise body temperature, cause dehydration, grinding of teeth, seizures and possibly death. These 'gateway' drugs limit a young person's ability to resist other drugs that are equally plentiful at the clubs or home parties.

Parents need to know that some of the paraphernalia for these drugs are beaded necklaces, lip gloss containers, baby pacifiers, and dust masks.

NIDA's Associate Director, Timothy P. Condon states that "Accurate, credible information is the most powerful weapon we have to combat the increasing use of these dangerous drugs."

PTAs part as a advocate for children and youth is that this open dialogue will allow parents to check into where and with who their youth are spending their time. These insidious drugs are very prevalent in our state and nation.

Parents must work together in various ways to prevent the use of these drugs. PTA encourages parents to:

- Tell your youth not to ingest anything that is given to them by someone they don't know
- Take time to listen to your teens
- Talk to your teens about learning positive ways to handle peer pressure
- Show your teens you care about them
- Set a good example
- Be alert to signs of trouble
- Know your teen's friends

PTA will step up efforts to inform parents and to act as a conduit between professionals and parents for awareness and active prevention efforts for their youth.

Chairman HATCH. Well, thank you, Ms. Corry. That's excellent testimony.

Ms. Houston, we'll turn to you.

STATEMENT OF JANA HOUSTON

Ms. HOUSTON. Thank you. The St. George Police Department asked me to share with you my story about how meth has affected my life.

Last June I was picking up my husband's clothing and I noticed his socks were stuffed into his shoes. I pulled the socks out and inside the toe of his shoe I found a glass pipe, a lighter, and container of white crystals. I was absolutely shocked, and I wasn't quite sure what to do. I left the house, got in my car, I had drove around for a couple of hours. I cried, I was angry, and I was hurt. But even though I was so shocked, it also felt like the pieces of the puzzle that had finally come together, because even though I had just found drugs that morning, I had been feeling affects of methamphetamine for a long time.

Jeff owned his own business, an Internet company, so he often worked at night, or he worked long hours. But recently he had been spending 3 or 4 days straight at the office without coming home, and when he would come home he would crash and sleep for 2 days straight, and I wouldn't be able to wake him up, and that scared me when he acted like that.

He hardly ate anymore and he lost 20 pounds. The worst of it, though, was he just ignored me and he had never been like that. He would lose his temper and become so angry at the smallest things. For instance, one morning when he got up and he stumbled over his shoes he left beside the bed, and he just threw into a rage. He grabbed the lamp, threw it across the room, and it broke. He was yelling and went into the bathroom and tore apart the shower doors and destroyed them. I was terrified and so was my daughter Megan he was just out of control. And when his anger turned to me, I was very afraid what he might do. Once he threatened to push me out of a second story window. I was afraid, but I was also terribly worried about him. I was afraid he was suffering from depression, but he refused to go to a doctor. He had sores on his arms, on his neck, and on his face that had been there for at least 8 months, never getting any better.

I found the drugs and I drove around for hours, and I still didn't know what to do. I just went home and Jeff was waiting for me there. He knew I had found them, and he wanted to talk to me about it. At first he tried to just lightly dismiss it like it was no big deal. He also told me that he was relieved that I had found out his secret so he could quit lying to me and I could help him get off of the drug. And so then the nightmare of trying to get him to quit began.

During the next few months I helped him through withdrawal 4 times, and each time it was just awful. He made promises to me and he convinced me that he would be a new man, and every time he went back to meth. I wanted him to go to treatment and get help, but he refused; he thought he could quit on his own. He couldn't.

With his life being such a chaotic mess he hardly went to work anymore and his business failed. I started a part-time job just at the first of the summer because we couldn't seem to make ends meet anymore. Later I found out he was spending between a $1,000 and $2,000 a month to buy meth.

In October I realized that by my keeping his drug use a secret that I was part of the problem and I needed help dealing with it as well. So I told his family and my family and I told my bishop. He was very angry at me for letting people know that he was using drugs. I begged him to get treatment still, and his family and our church helped to offer to pay for the treatment, and still he refused, still thinking that he could get over it on his own.

So I left him. I took my daughter and I went to my parents and I told him I wanted a divorce. He convinced me he had stopped again and asked me for another chance, so I went back to him. This was in December. I'm sorry.

Chairman HATCH. That's OK.

Ms. HOUSTON. Things were much better for a while, a couple weeks. I found out he was using again on Christmas Eve. He had been spending an awful lot of time in his garage. He told me he was working on his truck, but it didn't feel right. And I went out one day when he was gone. I crawled up into the attic in the garage, and up there I found a meth lab.

I immediately packed my bags and took Megan and we went to my parents house. I called my brother, who was a police officer, he

came over and I told him and my parents what I had found. We called the Drug Task Force and two officers came over to the house.

I knew that Jeff would hate me for having him arrested, and I knew that it was probably the end of my marriage, but I loved him and I wanted him to stop, and I knew that this was the only way.

I described to the police what I had found and I gave them permission to search the house. Officer Randall asked me if my daughter or I had been sick lately, and I told her we had both had severe headaches the last couple months. He told me it was probably caused by the chemicals used in making meth.

Jeff was arrested that afternoon and the Drug Task Force cleaned up the lab. I wasn't allowed to go back home until the Health Department said it was OK. When I did go back home, I found yellow police tape around my house and the quarantine sign on the garage. The whole neighborhood had watched. It was front page in the newspaper. I was embarrassed. And even though I had done nothing wrong, I was ashamed.

The whole point in having Jeff arrested was to get him into rehabilitation. He needed a wake-up call to realize that he was destroying his life and he was losing everything that was important to him because of meth. When he was using, meth was the only thing that mattered to him. It consumed every minute of the day, when he could take another hit, how long his supply would last, when he could get some more, how would he pay for it, what if I found out. It was all he cared about. He was out of control. I was afraid he would die from it.

Like when you throw a rock into water, the ripples go far and the rippling effects of meth are just as far-reaching.

Jeff once told me that it was his choice to use meth and that it was his body and it only affected him, but he has hurt so many people. First of all myself and our daughter Megan. I think of the terrible way he treated us. I cry when I think about what my little girl has gone through. When I married him it was for eternity, and now our family is broken.

Megan and I had to move out of our home because we were left with nothing. We had to sell most of our things, and now we live with my parents. Megan has lost her daddy for a while and she has also to deal with a mom who works full time now.

Besides the financial hardship, I've had to go—I'm going through the pains of divorce and the very real struggles of being a single mom. Jeff's parents, my parents, our brothers and sisters, they're all heartbroken and hurt. My brother worked for Jeff, he believed he had a future with the Internet company, he bought a house, his wife had just had a baby, and then suddenly he had no job. The men who invested a great deal of money into the business they lost everything. My neighbors felt very hurt and betrayed and scared that their very lives were in danger by the meth lab.

When I bump into friends they often ask me how could someone as smart as Jeff could do something so stupid. I don't know the answer to that. He seemed to have everything, his family, a successful business, and good friends, and meth took all of that away from him.

Jeff spent 132 days in jail. He entered a treatment program in Salt Lake City last Friday. When he has completed the program he still has to face sentencing and probably more jail time. I hope that he can recover from meth. I love Jeff and I want him to get better, but the odds are against him. As an addict he will have to battle meth every day for the rest of his life, and his family and the people who love him have to deal with the consequences of being a victim of his meth use.

Chairman HATCH. I wish everybody in the country could have heard your story because it's typical of so many people that have had their lives ruined. And applaud you for being able to pick up and go on.

Ms. HOUSTON. Thank you.

[The prepared statement of Ms. Houston follows:]

PREPARED STATEMENT JANA HOUSTON

Last June, I was picking up my husband's clothes. His socks were stuffed into his shoes. I pulled the socks out and found a lighter, a glass pipe, and a container of white crystals. I was stunned. I left the house, got in my car and just drove around for several hours. I cried. I was angry. I was hurt. But as shocked as I was, it also was like a puzzle that had finally fit together. Even though I had just found the drugs that day, I had been feeling the effects of methamphetamine for a long time. Jeff's behavior and his whole personality had changed over the past few years.

Jeff owned his own business, an Internet company, so he often worked at night. Putting in a 12-hour day was not unusual. But, he began spending 3 or 4 days at the office with no sleep. Then he would come home and crash and sleep for 2 days straight. It scared me when he was like that. I couldn't wake him up. He said he just had so much to do. He hardly ate anymore. He had lost 20 pounds. And he was just plain mean sometimes. He had never been like that before.

He would get so angry over the smallest thing. For instance, one morning when he got out of bed, he stumbled over his shoes that he had left there, and he flew into a rage! Yelling, he grabbed the lamp on the nightstand and flung it across the room, breaking it. Still making an awful noise he went into the bathroom and completely destroyed the shower doors. I was terrified and so was my daughter, Megan. He would go crazy like this every week or two. I was scared of him. When his anger was directed at me, I was afraid of what he would do. He seemed so out of control. Once he threatened to throw me out the second-story window. Besides being scared, I was terribly worried about him. I thought he was suffering from depression, but he refused to see a doctor. His mom finally convinced him to go to the doctor about the sores he had all over his arms, neck and face. They had been there for 8 months, never getting any better.

After driving around for hours, I didn't know what else to do, so I finally just went home. Jeff was waiting for me. He knew I had found the drugs. He tried to explain it away—he was a master at rationalizing. He said he was relieved that I finally knew his secret, and he could quit lying to me, and I could help him get off of meth. He convinced me that he wanted to quit, so then the nightmare of trying to help him quit began.

Over the next few months, I helped him through withdrawal 4 times. It was horrible. But he made promises and convinced me that he would be a new man. And every time he went back to meth. I begged him to go to a rehabilitation program, but he was sure he could kick it on his own. He couldn't.

With his life being so chaotic, he hardly ever worked anymore. His business failed. I had started a part time job at the first of summer because we just couldn't seem to make ends meet anymore. I later found out he was spending $1000 to $2000 a month on meth.

In October I realized that by my keeping his drug use a secret, I was part of the problem. And I needed help dealing with it as well. So I told my family, his family and my bishop. I wanted him to get help. But he still refused treatment. So I took my daughter and left him—telling him I wanted a divorce. Over the next month he convinced me he had stopped, and he asked for one last chance.

I gave him another chance, and went back in December. Things were much better—for a while. On Christmas Eve I found out he was using again.

He had been spending most of his time in the garage—supposedly working on his truck. But something wasn't right, and on December 28, 1999, I climbed up in the attic over the garage and found a meth lab.

I packed my bags, and Megan and I went to my parents. I called my brother who is a police officer. I told him and my parents what I had found. We called the drug task force and two officers came over. I knew that Jeff would probably hate me for having him arrested, and it was probably the end of my marriage, but I loved him and knew that this was the only way to get him to stop.

I described to the police what I had found and gave them permission to search the house. Officer Randall asked if my daughter or I had been sick lately. I told her that both of us had been experiencing severe headaches the past few months. She said the headaches were probably caused from the chemicals. She advised us to see a doctor because the chemicals used in making meth can cause serious health problems.

Jeff was arrested that afternoon and the Drug Task Force cleaned up the lab. I wasn't able to go back to my house until the health department said it was ok. When I went back home, I found yellow police tape around my house and a quarantine notice on the garage. The whole neighborhood had watched, and it was front page in the newspaper. I was embarrassed. Even though I had done nothing wrong, I felt ashamed.

The whole point of having Jeff arrested was to get him into rehabilitation. He needed a wake up call to realize that he was an addict and he couldn't quit on his own. He had destroyed his life and lost all that was important to him because of meth. While he was using, the only thing that mattered to him was getting high. Meth consumed every minute of his day—when he could take another hit, how long his supply would last, when he could get some more, how he was going to pay for it, what if I found out. He was out of control, and I was afraid he would die from it.

Like a stone thrown into water, the rippling effects of meth are far reaching. Jeff once told me it was his choice, his body and he could do whatever he wanted to it. He believed it only affected himself, but he has hurt so many people. First of all what he's done to Megan and myself—I think of the horrible way he acted toward us. I cry when I think of what my little girl has gone through. When I married him, it was for eternity. Now because of meth our family is broken. Megan and I moved out of our home, had to sell most of our things and move in with my parents. Megan has lost her daddy for a while, and she also has to adjust to having her mom work full time.

Besides the financial hardships, I am going through the pain of divorce and the struggles of being a single mom. Jeff's parents and my parents are heartbroken. His brothers and sisters as well as my brothers and sisters feel hurt and betrayed. My brother worked for Jeff. He believed he had a future with the company. He bought a house; his wife had just had a baby. Then suddenly he had no job. The men who had invested a great deal of money into Jeff's business lost it all. Our neighbors felt betrayed to find out their very lives were in danger living next to a meth lab. When I bump into friends they always ask me, "How could someone as smart as Jeff do something so stupid?" I don't know the answer to that. He had everything: a wonderful family, a successful business, good friends, and meth destroyed it all.

Jeff spent 132 days in jail. He entered a treatment program in Salt Lake city last Friday. When he has completed the program, he still has to face sentencing and possibly more jail time. I hope he can recover from meth. I love Jeff and want him to get better, but the odds are against him. As an addict, he will have to battle meth everyday for the rest of his life.

Chairman HATCH. We're very grateful for your testimony.

We're going to turn to you, Bradley, and I think your testimony is going to be like that. Can we get a mic over there?

STATEMENT OF BRADLEY DAVIS

Mr. DAVIS. Hello, I'm Brad Davis. I would like to say it's a privilege to be here. I would like to thank my family for being here.

I'll tell you a little story how it came on me. I'm 43 years old now. I've spent 4 years in prison because of drugs. I feel it all started with my friends who I was running around with when I was younger, started with tobacco, alcohol in grade school. By the time I got to eighth grade I was smoking marijuana. By the time I

reached high school I got into speed, downers, PCP, cross tops. I did LSD by the time I was in high school. I did all kind of hallucinogenics.

When I got out of high school I kept on partying. I did get busted a few times. But seriously nothing ever happened, really.

And then I started stealing anything I could to get drugs. I was stealing pills from my mom and dad, stealing pills from my grandpa. It was just a never ending thing to get the drugs, any kind of drugs at the time.

And then I ended up getting married when I was 23 years old. I was married for 11 years, had four wonderful children. But the drugs were still in my life. I still smoked marijuana, doing speed. I wasn't really into the methamphetamine that much; I was using cross tops. Went into cocaine, marijuana a lot, and alcohol.

And, like I say, I was married for 11 years. I ended up getting divorced because of drugs and alcohol.

And then about 6 years ago, July 3, I lost my son in a car accident; he got hit in an auto accident. I kind of blame myself because I was on drugs at the time. I know it was an accident, but I still blame myself for it because I know—I don't know if I could have done anything wrong, but I know I was on drugs.

At the time I was doing methamphetamine, then like the lady said methamphetamine that's my whole—it was my whole life.

Then I met a Mexican, illegal Mexican, where what I was doing was selling drugs, and he started bringing me in a pound to 2 pounds of meth a week, 3 to 4 pounds a week. And it was an ongoing thing. I was supplying all of Cedar mainly. Cedar, St. George, all of Southern Utah. And I finally ended up getting busted.

Like I say, I didn't really care about life that much anymore. I started using more and more drugs. I was using about an eight ball a day, which was probably $200, $250 a day habit.

I went to prison. Well, I got out—first I got busted here in Cedar and I got out, did 30 days and got out. And them 30 days was some of the toughest days of my life because I was so strung out on meth then and being in jail without it, it was hard for me. I was 3 or 4 days I didn't even get out of bed, you know.

And then I got out and got right back with my friends, old friends again, old playmates and playground, and I was out 2 weeks out of jail and I got busted in St. George for methamphetamine again, half a pound of weed, marijuana. I did another 30, 40 days of jail down there and I finally got bailed out. Got right back out, got right back into with old friends again, and stuff ended up getting worse.

Three months later after the first time I got busted, I got busted again up in Vernal for methamphetamine and stuff again, another ounce of methamphetamine.

To make a long story short, I ended up getting convicted. I did 2 years in prison then for possession with intent, cocaine, marijuana and heroin—I mean, not heroin, but methamphetamine. And I got out, was doing pretty good at the time, but I thought I could use it again. I thought I could do a little bit again. I got with some old friends again. That first time I was right back into it again. I was hooked again. It didn't—it didn't take no time at all.

I couldn't really afford it at the time and I didn't have that much money, I was working—you know, money was tough. I run into a friend showed me how to make it. It was a lot easier for me to make it and do it, and then, you know, some of the friends I made it for and they ended up wanting it, and I got right back in. I was full board again.

And I had only been out of prison for about a year is all, and I ended up getting busted again for manufacturing. And now I'm doing 2 years. I'll go back to the board of pardons in November. I'll have 2 years then.

Chairman HATCH. You've been through this. What advice would you give to our young people who are tempted to use methamphetamine? What would you tell our young people?

Mr. DAVIS. It's not on the right road. To me I think a lot to do with the friends, your acquaintances. I mean, I take responsibility for what I have done. I've hurt a lot of people. I've hurt—like she said, a ripple, you know. It hasn't hurt me, it's hurt my family. It's hurt my kids. It's hurt people I have sold to down the line.

I really think it's the family. I mean, family and friends, if you can keep them away from them, if you're going to do it. That's up to you. I really believe it's friends.

Chairman HATCH. And you're in jail for another 2 years?

Mr. DAVIS. I get out—well, I go to the board in November. This November.

Chairman HATCH. Are you getting any rehabilitation while you're in prison?

Mr. DAVIS. That's another thing I would like to talk about. Where I'm at now, I'm in St. George Purgatory Facility. They really have no correctional facility for substance abuse. I've taken life skills three times now. That's the only class I've got that they've got there.

What I would like to see is since I've been in prison and in and out now, I would like to see like a jail for nothing but drug offenders where we can get help. There was one substance abuse class in St. George that lasted a couple months and the lady quit. She's a voluntary lady, she was really good, but she quit. And there hasn't been no substance abuse nothing in there for now. I think there should be like some kind of a jail where they have—down there right now it's sex offenders and they have therapy, and anything like that, but they have nothing for drug offenders.

You know, I'm going to get out some time and I would like to have some kind of a trade, you know. I do heavy equipment, but I would like to have maybe some fall back on electrician, plumbing, anything, because when I get out, you know, times get tough, I hate to say it but who knows as time gets tough, I need money, I don't want to fall back and have to make drugs and do drugs again. I know I can make money there. It's a bad thing. That's why I would like to see maybe a trade or get some kind of other trade, or something, while I'm in prison. I think there should be something to look at there, you know.

Chairman HATCH. Well, you told the story, it's a pretty sad story, abusing story. And you got my money working on what we can do to help. There's got to be some way to help people who really want to get out of this thing.

I would like to say, in addition, welcome to Alan Gardner, Washington County Commissioner, and H.C. Deutschlander, Mayor of Brian Head. We're happy to have them here as well.

Let me just ask a couple of questions. Excuse me, I can't tell you how much we appreciate your testimony here today, your willingness to share the stories of your family's tragedy. And you've been one of the most articulate witnesses I've had.

Ms. HOUSTON. Thank you.

Chairman HATCH. And I've seen thousands of thousands of witnesses in my years in the Senate. I applaud your courage and welcome your courage to recognize the signs of drug use and addiction.

In your opinion, what are some of these telltale signs that family members should be on the lookout for ?

Ms. HOUSTON. Well, in retrospect I feel a little stupid for not recognizing them sooner. But I really wasn't aware that those were the signs of meth. First of all, the way he would go through days without sleep, I think that that's some—a very common symptom, and it's one that is easily noticeable. He really would stay awake 3 or 4 days, and then he would have to sleep for a long time.

Second is the sores. Often people who do meth will pick at their skin because they think there's imaginary bugs there. It's just one of the symptoms. And like I told you, he had sores up his arms and they spread to his face and neck. And they never went away. And even now he has scars left because they were such bad sores.

I think that those are two symptoms that people could look at and really question if there was drug use going on.

Chairman HATCH. Ms. Harmon, is there any way you can tell whether a person is on drugs by looking in their eyes?

Ms. HARMON. Well, pupils are dilated on some drugs and some drugs constrict the eye. So I don't think it's a really good——

Chairman HATCH. Not a sure way?

Ms. HARMON. No.

Mr. DAVIS. I would like to say——

Chairman HATCH. Go ahead.

Mr. DAVIS [continuing]. Something. A lot of people don't eat on drugs. The nervousness, you can't sit still that long, you got to be doing something.

Chairman HATCH. Mr. Davis, what point in your life did you know that drugs had taken effect and what, if anything, do you think could have been done, or what, if anything, could have been done to break this down on meth?

Mr. DAVIS. I was addicted right off the first thing. And drug addicts, such as myself, we won't go get help. I wouldn't. I had to be forced to get into substance abuse some help.

You know, I could tell myself and stuff. When I was on probation at first, I was really hoping they make me go through counseling, some kind of a treatment program, because I wouldn't—I wouldn't ever commit myself.

Chairman HATCH. Well, methamphetamine has many social causes in addition to the cause of users and bringing dealers to justice. It ruins lives, it ruins families, property, as we just heard from today's witnesses.

Let me just ask you this, you four women and leaders, from what you have seen if you could describe more of the devastation that comes from this particular drug. Ms. Milne.

Ms. MILNE. We have lived with our family we adopted a young man and he has chosen the route of drugs, and it's probably been the reason that I have tried so hard in prevention. I believe we've got to get to these young people at an early age with persistent, consistent messages on antidrug use, because what happens is that these youth, as Mr. Davis alluded to, it may be one, it may be several times that they have to use, but you don't know who is the addict.

This young man came from a family where both mom and dad were addicts. We thought we could change all of that just by cleaning up and loving him, and you can't. You can't take away some of those things. And it leaves its scars forever.

When you look at these children that are harmed, when they are put in foster care and protected, can they function in school? Not generally. Can they function in their social skills? Not generally.

So we've got to look at keeping it from happening, in my opinion, if we're really truly going to make a difference.

Chairman HATCH. Ms. Corry, do you have any comments on that?

Ms. CORRY. Just one second. My husband and I were discussing drugs the other day, and we have a nephew who's a fetal alcohol syndrome child, and I also have a nephew who's a Downs child, and we were contrasting the care that this Downs individual is getting in the schools and in the community, how well he's accepted and how people go out of their way to make him respectable and feel like a useful member of the community, and yet this fetal alcohol person youth is shunned and has been in trouble with the law and the courts because there's no system where he needs to be in a home. He needs to be in a situation where he's under control all the time.

And, you know, we have taken drugs and criminalized them and not worked to help the individuals, because, you know, drugs a lot of times they take over. I mean, they do. They take over who you are, and you are no longer that individual. You have no control. And to me it is very heart breaking to see that people that get on drugs and cannot get off do not have any support, support against society, to get them off and keep them under control to where they are in control of their lives.

Chairman HATCH. Thank you.

Ms. Harmon.

Ms. HARMON. I think she's right. There's definitely the social stigma that goes with some youth. Ms. Houston alluded to that even though she wasn't a substance abuser, she felt ashamed and her neighbors shunned her.

I think that we as a society need to address that and accept that when people begin using drugs they have a choice, but when that—eventually some place in that progression they lose their free choice and it becomes an obsession. I've even heard people that I have treated describe it as a possession, they no longer have free will. They are possessed by their obsession to get drugs and they'll do anything to do that.

Chairman HATCH. Mr. Davis has certainly indicated that's the case. Ms. Houston, where is your husband now? Is he——

Ms. HOUSTON. He's in the treatment center in Salt Lake.

Chairman HATCH. Is he in jail?

Ms. HOUSTON. No, he was released from jail to go to treatment.

Chairman HATCH. So he's voluntarily trying to at a house?

Ms. HOUSTON. Yes, sir. He wants to quit now.

Chairman HATCH. I see. Do you stay in contact with him now?

Ms. HOUSTON. I do. He calls me once a week or writes letters.

Chairman HATCH. I take it that he is a graduate from college?

Ms. HOUSTON. Yes, he is.

Chairman HATCH. And he's skilled in computers?

Ms. HOUSTON. Yes, he is.

Chairman HATCH. And Internet type work?

Ms. HOUSTON. (Nods head.)

Chairman HATCH. He really has the world on the tail with this addiction.

Ms. HOUSTON. He certainly does. And that is a part of the tragedy of his story and that he could have so much, and he did have so much before he became a meth addict.

Chairman HATCH. There are some people, Mr. Davis, that think that we ought to shoot the manufacturers of drugs influencing our children. Would that help solve the problem?

Mr. DAVIS. Say that again.

Chairman HATCH. If you were threatened to be shot or executed, do you think that would help stop the drugs?

Mr. DAVIS. In a way.

Chairman HATCH. You can see that question causes a lot of problems. I just wanted to hear your reaction.

Let's say that there was a capital penalty, let's say there was a capital penalty for manufacturers of drugs, would that play a role and would that help you give up the——

Mr. DAVIS. Well, yeah, maybe. If the money and the demand is there, it's something—somebody is going to be available and supplying it. As far as the chemicals you were talking about earlier, getting rid of some of the chemicals, it seems like they try to get rid of like some of the pseudoephedrine, and stuff. They tried to get rid of the iodine crystals, and stuff like that. Cultured iodine, they make their own iodine crystals. Now they're trying to do it. Now it's lithium. It seems like somebody is going to find a way to do it if the money is still there.

Chairman HATCH. I see. Just a question I wanted to ask you because some people I really feel that it's just a scourge to our society.

Mr. DAVIS. It really is.

Chairman HATCH. It would be an element on those people. I'm not sure, but I wanted to ask the question.

Ms. HARMON. Senator.

Chairman HATCH. Yes.

Ms. HARMON. Also when you are using drugs your thinking is diluted so you're not thinking rationally. You believe that your 10 feet tall and bullet proof. And even though you're doing something illegal, you're not likely to get caught.

Chairman HATCH. You don't suffer the consequences.

Ms. HARMON. And you believe you're not going to get caught; somebody else will get caught.

Chairman HATCH. The arguments of why we might do anything about the—you know, the people who are already hooked, but it might wake up everybody who is thinking of getting into it. And I just—I would look at everything to find an answer, or some answer.

There's no question we need to do more in prevention. That's something I'm getting from these hearings and that's why we're holding hearings.

I just have to say, you know, the treatment on juvenile justice bill that we worked so hard on in the Senate, there was really nothing in there about guns. It was mainly—it was one of the few times when both parties had more convention money than they had law enforcement money, so there was plenty for both, and they succeeded in making it a gun bill and making it a politicized bill. I can't even bring up a conference because all it would lead to is a bunch of political talk and screaming and shouting for political purposes.

But if we could pass that juvenile justice bill we would go a long way of solving these problems, providing the money that is essential for these areas. And I'm really almost bitter that this has become a gun bill rather—hardly anything about guns. It's all juvenile justice prevention and law enforcement. There's a lot of information in here that deals with it and how to avoid this type of things.

And I don't think we'll get anything through this Congress. But I'm hopeful the start of the next session I'm hopeful people on both sides who won't politicize and get something done that will be in the best interest of our children and people like all of you who spend more of your time to help your society get by.

Well, I am very thankful of the people who spoke here today, it's been very meaningful for me, and I'm glad that we've had all of you here.

You have a question back there.

PARTICIPANT. I would just like to share my testimony, if I could, for just a minute.

Chairman HATCH. Why don't you come up and do so.

PARTICIPANT. I wish not to disclose my name.

Chairman HATCH. You can pick up a microphone.

PARTICIPANT. I wish not to disclose my name to the area that I live in, or the people that this circumstance happened under that I would like to take you on a journey for our daughter that was gang raped. She believed she had been raped by four people. She went to four houses and couldn't get help. The person at the fourth house called, insisted that she be called. They took her in.

My concern is the recovery efforts of these young women when they have been raped. I think it's very, very important that when somebody undergoes such tragedies that there is policies in place and laws that they might get the assistance that they need. The American Medical Association states very clearly to the doctors one person comes under those circumstances that a person for administrative functions it costs that person in their lifetime three times more than it does to support a man or a woman in prison for the

rest of their life. Administrative fees include the procedures they go through, mental health counseling.

I want to share what's happened to our family who did not receive the assistance that should have been there, because I believe rape isn't something to be ashamed of, and I think our society in Utah especially we have a very big concern. I was willing to talk on campus to groups because I was in a communication class, I sense my daughter went through the trauma and the tragedies that we have for women I took to the health center. None of these were required.

The statistics and the facts are not there. What's happening in our community is inaccurate, and it is not being properly accounted for.

We are $7,000 in the hole. The promises made to my family that if they were willing to sign papers the State would help cover medical expenses, that didn't happen. We didn't get help. We lost three scholarships, lost our insurance, coverage for my daughter. She's not a full-time student. She can't go to—she can't have insurance coverage. She couldn't even function. She had freeze fright so bad. She couldn't function. She slept—did not sleep for near 8 months. It caused discord in our family and pain we will never understand.

It can be proven medically what happened to her. She—and nothing was ever mentioned that I heard drugs. Alcohol is one of our bigger issues. We believe date rape drugs were used. She was paralyzed. She had no voice, she had no speech. She couldn't resist.

Eighteen years I taught and supported the young women, and every year we have police officers and DARE officers come in and tell our young how to prevent rape. They weren't even talked to.

Where is our support? Four women on the campus that we did get some assistance through the health department couldn't go to their parents because they would have been disowned, freshmen in college. There's no statistical accounting for that. All of the promises that Utah State gave and Federal aid did not exist.

Our family has been near destroyed. And all we wanted was a protocol, a procedure that was lawfully and respectfully put in place that one might survive rape, because the devastation one undergoes when you have to witness people standing taking turns and you can't do anything about it and then you see your family maybe lose their home because nobody cared and nobody helped. I think it's appalling and we need the utmost care.

Who cares if they catch the bad guy at that point. First thing should be medical priority. The drug she had been given by her own doctor itself along with the medical—the alcohol she had taken is a 100 percent provability that she had—that convulsions and all the things that stated she had. Everything she said to those people were true and factual and can be proved.

My concern is who cares? I hope you do. And I hope we can get some changes in place that our women are no longer accused and shamed and blamed because rape's horrifying anyway. But to be disowned, to have friends walk away from her, no longer want to associate with the label with a rape victim is appalling to me. Took near a year and a half for her to even get a job.

Chairman HATCH. Ma'am, I want to thank you for showing up, and I'd like to urge you to contact my office here in Cedar City and

we'll follow-up with what's happened, what we can do for your family.

Let me just finish today. I learned a lot here today, and I hope everybody who came here learned as much as well.

Clearly, when we think about these things that could adversely affect our young people's health as well as their ability to learn and to make good choices, drug abuse and the health and learning problems that go with it rank high on the list.

Now, we've already seen the tragic ramifications of gang activity, cocaine, crack, and other drugs. According to the experts we have heard today, we can now add these so-called club drugs to the growing list of threats to our kids.

I'm going to leave the record open for this hearing and for those who want to make additional statements until July 21 for any additional questions for the members of Judiciary Committee, or for additional statements from Utah's elected officials, educational, medical, or law enforcement. And I would like to invite all of you to submit short statements as well, in writing if you will. I hope to include a limited number in the hearing record. Such statements may contribute a constructive suggestion for action, a personal experience, or additional facts concerning the perils facing Utah's youth.

I want to have a continual dialogue in these issues. I think it's essential that we do that. This is not a problem that can be solved overnight. And I'll do everything I can to try and resolve some of these problems that have been brought up here today.

So with that we'll recess until further notice. Thank you all for coming.

[Whereupon, at 4:12 p.m., the committee adjourned.]